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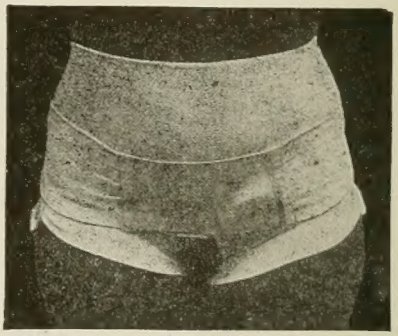

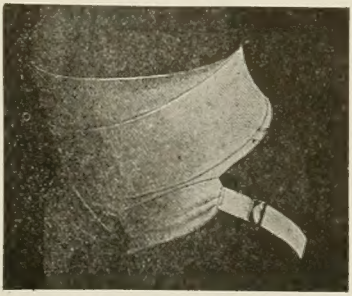

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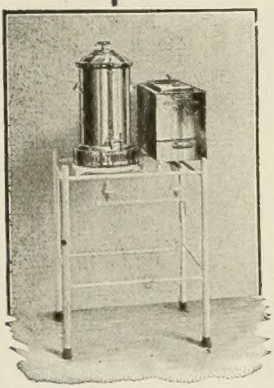

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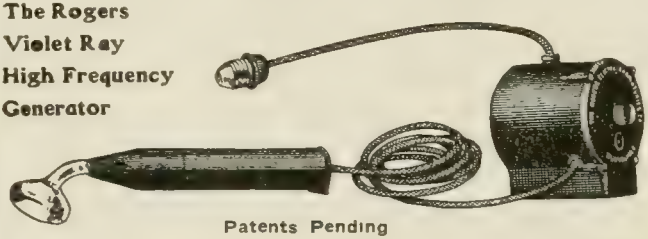

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Vol. VII **JULY, 1914** **No. 1**

Contributed Articles.

Organizing the American Institute into a Federal Government.*

DE WITT G. WILCOX, M. D.

Custom rather than law obliges your President to make a preliminary address appertaining to such matters as affect the machinery of the Institute. To that end I will plunge at once into my subject and try to go deep enough and stay under long enough so that I will not come up entirely dry.

At the Denver meeting you instructed the President-Elect to formulate a plan relative to the employment of a Field Secretary. In conformity therewith I reported to the Trustees at their December meeting a plan briefly as follows:

That we employ as Field Secretary or Business Manager (preferably called a General Secretary) a non-medical man of tried and tested business ability, possessing a special gift of organization; that he be paid a salary commensurate with such ability, with the understanding that, if he accomplished.

*The President's Preliminary Address, Atlantic City, June 29, 1914.

the first year, certain previously agreed upon results, his employment would be continued for five years with a rising scale of salary. By so doing he would have the incentive to do better work each year. I suggested that his scope of work be as general adviser in the management of our finances; that he be the business manager of the JOURNAL and push that publication to such an extent that it become a source of material revenue to the Institute; that he manage the exhibits of the Institute, making them also a material source of income such as has been done at this particular meeting; that he be an itinerant promoter, visiting the various state and local societies where help may be needed to strengthen their organizations; that he be ever ready on the ground in case of hostile legislation, or for the advancement of helpful legislation. In short, to be the Institute's monitor, promoter, solicitor, and adjuster. There are many more services which such a man could render, as will be seen in the unfolding of my plan for creating a Federal Government.

To anyone who in the least has made a careful study of the Institute and its relation to the cause of homœopathy in general throughout the United States, it must appear evident that there is a lack of real organized, concentrated force for accomplishing what apparently is and has been the aim of the Institute. Nearly every president has sought to make the Institute a more forceful agency in winning for homœopathy the place to which it is entitled. It seems to me the defect is fundamental. Men and agencies exert power according as they are given power. The Institute has never been organized on a basis which could allow it to exert more than a very limited power.

George Burford of London in speaking of world-wide homœopathy said: "The compelling power of organization is the armament of a minority cause."

Our late President McClelland once said: "The cause of homœopathy has not been organized as one and indivisible, but as a series of subcauses, each hedged around by its geographical limitations."

Again Dr. Burford says, "Homœopathy can no longer be continued with any prospect of success on the water-tight compartment system. The compact whole is always greater than the constituent parts in a state of separatism."

Suppose we view our homœopathic profession of the United States with its associated institutions as an assemblage of intelligent, law-abiding, but disassociated citizens seeking to form themselves into one nation governed by a central power. Then let us see what material we have at hand in this aforesaid homœopathic profession for the formation of a miniature government. First, we have approximately 15,000 homœopathic physicians in the United States who might constitute the citizenship of this miniature nation. In studying the history of these people we find that they have made an attempt to organize themselves into many separate governmental centers. For instance, there are thirty-six state societies all separate and independent one of another. These become thirty-six little kingdoms, each with its own set of laws and rulers, but with no attempt at federation.

In addition to those thirty-six independent kingdoms there are ninety-six little subkingdoms in the shape of county or local societies which in the majority of instances are again independent of the major kingdom in the same locality. These also have their independent laws and rulers. Now these kingdoms and subkingdoms are quite rich in property. They own or control fifty-seven palaces, or in less romantic language, general hospitals, which are not in any sense federated one with another. Each is like a feudal castle maintaining its independent existence. In addition to these fifty-seven palaces or general hospitals, there are thirty-five lesser palaces, or private and special hospitals, each managed on the feudal system.

Here the question arises, why should these 15,000 law-abiding, peaceable citizens feel the necessity of organizing themselves into a nation? They are not molesting others. They are capable of earning a living and bringing up their families decently. Why should they bother themselves with the question of a central government, and all that its maintenance involves? The answer is conclusive; they are now and ever have been threatened by a common enemy; an enemy which is determined to destroy their thirty-six independent kingdoms, their ninety-six little subkingdoms, their fifty-seven public palaces, and their thirty-five private chateaux, an enemy which was once apparent and fought in the open, but always unrelenting. Now that enemy is more dangerous in that it is subtle and unseen, but just as deadly. If this

enemy succeeds in destroying the independent kingdoms of these people, it will take them all captive and oblige them to become citizens of its own government with an annihilation of all their traditions and customs. Now it is much easier for this enemy to destroy these small and detached kingdoms than it would be to destroy one central confederated kingdom.

Here another interesting question presents itself. How does this collection of citizens, numbering 15,000, having no central government, perpetuate itself? Are their numbers increased by emigration, or is it by a natural birth rate? There is practically no immigration, and strange as it may seem this highly developed class of peaceable citizens has reached that advanced state of civilization in which they bring forth their kind, not by the laws of reproduction, but by means of the incubator and brooder.

Of these they have ten, called "Medical Colleges." In former times they had more, but a number of them did not seem to work well and because so large a per cent of the chicks failed to hatch they were discontinued. Others could not get eggs enough to keep the incubators going, and still others could not afford to hire enough competent men to stir the eggs. But from the ten remaining incubators a goodly quantity of citizens is hatched with yearly regularity and of excellent quality. Now it is interesting to note that of these 15,000 citizens whom it is desired to crystallize into a nation with one central government there are only about half of them who ever have sworn allegiance to any of the thirty-five separate kingdoms or to the ninety-six subkingdoms. They are what might be termed individual feudalists. They are not rebels. Neither are they fools. They are either ignorant of their danger or simply bull headed.

Seventy years ago this spring an attempt was made by these people who desire to protect themselves to create a central form of government. It was splendidly conceived and masterfully launched, but it has never attained the full measure of its conception. This body, the American Institute, has never been able to federate into one nation these people who sprang from one incubator, who were warmed in a common brooder, who speak one language, have one common thought, are inspired by one common motive, and are striving for one common goal. It therefore holds an anomalous position in

that it seeks to be king over 15,000 people of whom but 20 per cent have sworn allegiance thereto, and where there are thirty-six distinct kingdoms all unfederated. It simply means there has been a lack of systematic effort to unify the homœopathic profession of the United States and bring all of its splendid units of societies, hospitals, and colleges into one strong unassailable whole; a unit which not only will make itself impregnable but will at the same time make the individual homœopathic physician forever secure in his field of endeavor.

The homœopathic physicians of the United States are not only willing to be thus united under one strong central government, but they are anxiously awaiting the time when such shall be accomplished. They are simply waiting to be inspired by a Joan of Arc, or driven by the iron hand of a Bismarck, or led by a Moses who has seen the promised land. Here then in my humble opinion is the weakness of our cause at present. It needs leadership. It needs organization. It needs a federation of all the independent principalities into one strong central unit, whose power must bring victory.

How can we federate our forces and make the Institute the governing and directing force of the homœopathic profession? First and emphatically, we must begin with the newly hatched chicks, just as they come from the incubator, and proceed to make Institute citizens out of them before they get their wings dried.

There are few if any better organized institutions in this world than the Roman Catholic Church, and however much or little sympathy we may have with its aims and objects we must admit that when it comes to a piece of perfect working machinery it is hard to beat. Its fundamental power lies in preparing its youth for sustaining the church. It is injected into them with their mother's milk that their soul's salvation depends upon loyalty to the church and the big letter in loyalty is a regular and systematic giving of cash to the church. Not only must they give as long as they live, but after they are dead their friends must give to get them out of purgatory, and the more money they leave behind the deeper apparently are they in purgatory, for it takes more to get them out.

We should begin with our freshmen and pound the fact into them until they are seniors that their medical education

costs about three times what they pay for it, and as soon as they are established in practice it is their duty to begin to make restitution in part at least. To do this they should contribute five dollars per year to the central government which protects them and enables them to follow their calling without interference or interruption.

It is a growing surprise to me to note how few homœopathic graduates possess a knowledge of the existence and object of the Institute.. A good per cent of them seem never to have heard of it. They are taught to be loyal to their alma mater, to reverence their instructors, to honor their profession, but the mother of all the colleges, whose existence makes possible the cause of homœopathy in this country, is scarcely mentioned.

A little girl looked her kitty in the eyes and said, "Kitty, I know you, and I know your mother, and I know your brother, but I don't know your father. I guess he must be a traveling man."

I should imagine from the meager knowledge which many of our graduates possess concerning the Institute, they regard it as a "traveling man."

Now as to the manner of creating this central government which is to unite into one family or nation all of our homœopathic physicians, all of our state and local societies, all of our general, private, and special hospitals, and all of our colleges. Until we do so federate our institutions and unite our individual physicians the Institute will remain an uncrowned ruler with few subjects and circumscribed power.

First: Every dean of a homœopathic medical college should see to it that every graduate of his college joins the Institute upon graduating. This will not be a difficult task if the students have been nursed from the bottle labeled, "American Institute," for four years. If it were constitutional I would make his graduation conditional upon such an agreement.

Second: We must get all of our state societies to become a federated part of the Institute.

Third: We must get all of our local and county societies to become a part of the state societies.

Fourth: We must get all of our general hospitals to become a federated part of the Institute.

Fifth: We must have every one of our colleges an integral part of the Institute.

It can be effected in some such manner as this: Create an Institute Senate. Let the members of that Senate be composed of: first, one representative from every hundred members, or fraction thereof, from each state society; second, a representative from every homœopathic general and state hospital in the ratio of one representative for every one hundred beds or fraction thereof; third, one representative from every recognized homœopathic college of the United States.

Make the qualifications for such senators to be: first, a member of the Institute for at least three years; second, a member of his state society for at least three years; the hospital representatives must have the same qualifications, plus being a member of a hospital staff for at least one year; the college representatives the same plus being a member of the college faculty for two years.

As to the manner of electing those senators. This must be done by the respective state societies by at least a two-third majority vote. It must be done in the same manner by the hospital staff with the approval of the trustees. It must be done in like manner by the college faculty.

The next question is, how are the state societies, the hospitals and colleges to be induced to join the federation? By giving their representatives such a voice in the management of the central government, namely, the Institute, and by bestowing upon said societies and institutions such material benefits as will make it to their great advantage to join the federation.

As to the function of the Senate. It should have its own officers and governing laws. It should meet yearly at the same time and place as the Institute. It should have power to choose the place of meeting and to elect the Trustees of the Institute but not its President and other officers. By electing the Trustees it would give the various state societies, hospitals, and colleges a direct management in the executive part of the government. It could choose more justly the place of meeting, as it would be composed of members from every state of the Union.

The Senate should set a uniform standard which should prevail in all state societies as to requirement of membership.

It should set a uniform standard for all our homœopathic general hospitals, in fact all hospitals which might wish to join the federation, by agreeing upon certain essentials which go to make a first-class hospital, such as the training of nurses, the requirement of internes, the qualification of staff members and superintendents. It could become a clearing house for the location of internes and pupil nurses, making equitable distribution between those which had an oversupply and those having few. The trustees of a hospital belonging to the federation would be more likely to take suggestions for improvement and advancement from such a Senate when made as a general proposition than when made directly to them by their own staff. Thus there would follow a general and uniform hospital betterment in all our institutions.

The Senate also would have general supervision over all colleges doing much the same work for which the College Alliance was formed, but by having the work done in the Senate, and as a part of the central government, it would more closely cement all the homœopathic interests, and, moreover, the work would be done with clothed authority, as the Senate would have actual power to insist upon maintenance of standards. In the Senate there would be sub-committees as in the United States Senate, whose work would be specially centered upon certain matters, such as committee on hospitals, colleges, and state societies.

There is still another great inducement for every state society, hospital, and college to join this federation and be represented in the Senate, of which I shall speak later.

Let us now for a moment consider the advantages accruing to the individual physician in thus creating a central government and unifying all our homœopathic interests under its wing. First there is the feeling of confidence engendered in, and respect for, power when thoroughly organized, and judiciously exercised. The homœopathic physician is entitled to the same feeling as a physician that he has as an American citizen, i. e., a guarantee of protection wherever he may practice, with a confidence in the power of his government to make good that guarantee. He should have a feeling that he is part of a magnificently organized institution which will forever guarantee perpetuity to his calling. When he becomes a part of such an

organization he will not have to hang his head and say, "I am from Arkansas; now laugh, damn you."

But if that is not enough, here is another. As all the state societies which join the federation under this new arrangement will be of uniform standard in professional requirements, it follows that every physician joining a state society will automatically become a member of the Institute without further ado, simply by paying an additional fee. I would not make membership in a state society obligatory to becoming an Institute member, but I would make every state member an Institute member automatically. I would carry this federation still further. I would have every state society which was a member of the Institute federation seek to induce all its county and local societies to become federated with the state society, and as fast as such societies did become so federated, and did bring their professional standards up to that of their state society I would make every such member of a local society a member automatically of the state and Institute federation.

You may not know it, but it is a fact that there are over 5,000 of our physicians who are members of local and state societies but who are not members of the Institute. Yet they are eligible and should be such members, and would be were it made a little easier.

Now there should be some pecuniary reward given to physicians who are liberal and progressive enough to join local, state, and national societies, and it could be managed in some such way as this: make 20 per cent discount in the annual dues of all physicians who are members of two or more homœopathic societies, one of which shall be the American Institute. For instance, let us assume Dr. A is a member of the Queen's County Society and pays $2 annual dues; that he is a member of the New York State Society and pays $3 dues; that he is a member of the Institute and pays $5 dues, making a total of $10 per year. Now, instead of the county and state societies collecting said dues and thus duplicating work and making unnecessary expense, let the Institute treasurer collect the entire sum of $10 less 20 per cent, making $8, and rebate to the county and state societies which belong to this Institute federation their respective amounts less 20 per cent. If we could in this sort of team work secure to the Institute 50 per cent of

the physicians who are now members of state or local societies, but not members of the Institute, we would double our present membership. There are in Massachusetts about 600 homœopathic physicians. Of these there are in the State Society 452. There are in the Institute but 247, leaving 205 who are members of the state society but who are not members of the Institute, and leaving the number of 148 who are not members of either. By this arrangement I believe we could get at least 100 of the state members and possibly 100 of the nonstate members to join the Institute.

One pertinent question will ever obtrude itself: How is the thing to be supported? What will be the sources of income to the government?

First, membership dues; these should be paid by 8,000 physicians instead of 3,000 as now. This should aggregate $32,000 yearly.

Second, by good dividends from the JOURNAL, for with an increased subscription comes increased advertisements. Here is where our business manager would more than earn his salary. Here we should net $3,000 yearly.

Third, by extensive and well managed exhibits such as this year has demonstrated. This source should pay us a minimum of $3,000 annually.

Fourth, by individual pledges and endowments which should total $4,000 yearly.

Fifth, by a direct tax upon each state society in return for the benefits conferred by the central government, and those benefits could be made appreciable.

Now as to this tax. I would make the tax as a stimulant to strengthen the Institute and the state society jointly rather than as a source of revenue. I would tax each state society twenty-five cents per head for every member of the respective state society who was not a member of the Institute. I would go further and have the senators make it a law that every state society belonging to the federation of the Institute should in turn tax all of its local and county societies which belonged to the state federation a tax of ten cents per head for all homœopathic physicians living in the jurisdiction of said county or local societies who were eligible to membership but who had not joined a homœopathic society of any nature. By this method there would be an incentive to strengthen the

county societies, to strengthen the state societies and materially strengthen the Institute, and the Institute would be assured of an income either in the form of a tax or by additional membership.

We never outgrow our Sunday School days in wanting rewards for well doing. If we can't have a painted card with our name engrossed upon it we gladly take cash as a substitute. Hence it might be well for the Institute to pay to each state society a premium of $100.00 when it has secured 90% of its membership for Institute membership.

Now comes the culminating feature of all this plan of organization. Without the organization there can be no such culmination, and without the culmination the organization would be unstable. Up to the present, our efforts in securing funds for perpetuating and extending the scope of the Institute have been spasmodic, sporadic, and asthmatic. Up to the present they have amounted to little considering the great amount of time and effort consumed. Yet the one great thing which the cause of homœopathy needs more than anything else at this particular juncture is money. Given that with organization, and we could accomplish anything. We could establish the medical ascendancy of homœopathy, and we can get all the money we need if we but go after it in the right way.

Let us note for a moment how the leading denominations of the Christian churches secure their millions of dollars for home and foreign missions. While each church is apportioned a stipulated amount that it must raise, based on its membership and environment, yet the big gifts and bequests are secured by team work. First, these churches are organized somewhat on the plan I have outlined for the Institute. They are federated. When a millionaire philanthropist is to be approached for a donation, the wise heads of that federation follow a carefully considered plan in presenting the matter to him. Usually a representative committee has the matter in hand and it is presented with all the force, dignity and authority which that entire denomination of the country can put forward. The claim for a bequest is made in the name of a world-wide cause and not for some little local affair like an ell to a Chinese bungalow. When you ask a millionaire for funds

to build an ell, you usually get what you ask for, "to 'ell with the bungalow."

I feel sure that our great sources of income which are to be used in making homœopathy better known and utilized throughout the country and the world, must be secured in some such way:

First, let our Senate apportion to each state society a stipulated sum which must be secured by contribution from generous patrons. Here again is where our General Secretary would prove very helpful. But let the big bequests be secured as I have suggested; namely, by a body of our strongest men meeting by appointment our many wealthy donors to charity, and present to such our claims as a nation-wide cause. Show them the inestimable benefits to be derived by the establishment and endowment of homœopathic institutions. Let there be put into the appeal all the force, all the dignity, and all the backing which comes from a united profession, extending from the Atlantic to the Pacific and from the Lakes to the Gulf. And here I would say that our slogan should be $100,000 at least for every one of our ten medical colleges, ten full time paid professors for the same, and a minimum of 100 students for each college. Let that entire work be part of the Institute Senate, with the co-operation of the Council of Medical Education. Then let the hospitals come in for their pro rata share of such contributions as have been secured for hospital work.

All this *federated* work need not in the least interfere with the *individual* efforts on the part of persons or trustees in securing funds for their respective institution; that would become an individual right with every college, hospital, and state society to manage and secure such funds as they saw fit. The idea is to do the big things by team work and then make an equitable distribution of such funds as are secured.

To recapitulate, allow me to formulate briefly my ideas on perfecting the organization of the Institute: First, a President and other officers elected as now, by the membership at large;

Second, a group of Trustees with duties substantially as now, elected by the Senate; standing committees practically as now save where the Senate would do the same work through a sub-committee. As for instance, new membership

committee, intercollegiate and interstate committees. This work could be better done by the Senate;

Third, a Senate composed of representatives chosen by popular election from all of the thirty-six state societies, the fifty-seven general hospitals, and the ten medical colleges; the meeting of this Senate to be held annually at the time and place of the Institute meeting; the making of an effort to secure all said societies, hospitals, and colleges into such a federation; the discounting of yearly dues to such members as were connected with state and local societies; the taxing of state societies as per non-Institute members; and the securing and disbursing of funds for the Institute itself, for the colleges, for the hospitals, and for such institutions of medical research as might be established;

Fourth, the employment of a business manager who would be under the direction of the Trustees, who should devote all his time toward advancing the interests of the Institute, and looking after its financial interests.

We should no doubt find it necessary the first year or two to secure some one of our members to take hold of this work of reorganization and give to it as much time as possible, for it would mean considerable travel, much consultation, and a volume of clerical work that would be enormous, yet I am confident the work could be done and I feel sure we have the men capable and willing to undertake its accomplishment. True it is we must get our splendid forces together for greater accomplishments. The signs of the times are set for concentration of effort, unification of forces, continuity of purpose, and centralization of power. The net results thereof must of necessity spell success.

The Purpose of the Institute.*

EDWARD HARPER, M. D., NEW ORLEANS, LA.

Ladies and Gentlemen:—

We have a large bureau with a long list of valuable papers by able contributors and equally able discussors, so I will not detain you long with a "jambalaya," which southern dish, if I may explain to the uninitiated, is a mixture of foods which may

*Chairman's Address. Bureau of Homœopathy.

produce gastralgias of all degrees, depending on the stomach of the individual. I trust that any one who may need it will have the indicated remedy at hand.

My conception of the purpose of the Bureau of Homœopathy on the program of the Institute is, that it was intended to consider any and every subject pertaining to the welfare of this organization and the homœopathic school of medicine as a whole and while it is well to have some contributions considering the study of drugs, their dose, influence on the human body and the philosophy of cure, at the present time we have some problems that are vital to us, and to our system and very existence as a separate school of medicine. Therefore you will find a goodly number of papers on the program considering some of these problems which I trust will offer some solutions that may be adopted for the general good of the cause which we all love and are laboring for.

In organizing the bureau for this meeting I found a number of able men, well posted in modern medicine, who refused to contribute papers because they "did not know enough about homœopathy." We all know that this statement was an evasion. However, I found one man, an able writer and deep thinker, a hard and honest worker in behalf of the school in days gone by, who was frank enough to say, "The deeper meaning of homœopathy and its application to modern medicine does not appear to be generally understood. I am trying to live peacefully the rest of my life and like a great many other men in our school, am sitting on the back benches and keeping quiet, for the minute a man shows a liberal tendency he is knocked out because he does not shout homœopathy alone." This means that he and a great many others like him, as well as those who said that they "did not know enough," do not care to be subject to the character of criticism that would greet the reading of such a contribution as they would probably write and virtually be "read out" of the Institute for their pains.

Why should we lose the influence of this man in behalf of homœopathy and the many others such as he who honestly differ from some of us as to the meaning of the term homœopthy, and the universality of the application of the law of similia in the treatment of disease? We should grant every man the privilege of his honest convictions and welcome the

expression of them in this and every other bureau regardless of the fact that his opinions do not exactly coincide with our own. It is our privilege to dispute any opinion expressed by any contributor, and to prove that he is in error. No one objects to this, but there is no reason for such acrimonious attacks that we prevent able contributors from writing for the several bureaux, prevent their attending meetings and joining in the discussions because they can not express their honest convictions, thus virtually driving them out of the Institute and losing their influence in behalf of homœopathy.

I do not believe there are many today who claim that homœopathy alone is all there is to medicine. The homœopathic physician of today must be more than an internist and we must recognize the fact that surgery, heat, light, electricity, hydro-, mechanico- and manual therapeutics, the serums, vaccines, hygiene and even the appreciable dose for its physiological effect, all have their place in the treatment of disease and he who does not take advantage of any one or all of them when indicated, is remiss and does not seek to cure his patient "in the quickest and easiest possible manner." The definition, "A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics and observes the law of similia. All that pertains to the great field of medical learning is his, by tradition, by inheritance, by right," certainly bears me out in this statement. And so long as any physician measures up to the broad standard of this definition, he should be welcomed as a member of this society and his contributions to any bureau treated with consideration and respect by every other member.

Having been a worker and interested in the effort to build up our homœopathic organizations, increase their efficiency and having been interested in the propagation of the cause of homœopathy, there is one means of its accomplishment that appears not to have received the consideration and weight that, in my humble opinion, it deserves; that is the selection of places for holding the annual sessions of the American Institute.

As a general proposition a national medical society whose membership extends from the Atlantic to the Pacific and from the lakes to the gulf should so arrange its meetings that each section would be visited in turn, especially one believing and

advocating a system of cure not generally accepted by the medical profession or the public, so as to cultivate the entire field and inculcate a knowledge of the superiority of its methods throughout the entire territory, drawing votaries to the cause in every section who will continue the good work when once commenced. In addition to this, all of the membership should have the opportunity of attending its sessions, receiving the benefits of such attendance and association with his fellows without undue expense and time spent in travel which many of the membership can ill afford.

There are approximately fifteen thousand homœopathic physicians in the United States, and there has been no estimated increase in our numbers for some years; a very small percentage of these belong to the Institute; if we are to increase the numerical strength of the organization, we must interest more of those now outside in its work and secure their attendance at some of its sessions. This can not be done by sending out a lecturer, or lecturers, to gather a few of them together here and there to tell them what their duties are to homœopathy and to themselves. It matters not with what oratorical flights of eloquence they may bring tears to the eyes of those present, while they glance heavenward as they describe the divine faith of the forefathers and the beauties of homœopathy. True, the few will gather out of respect to your representative, provided he is well known; while he speaks, the spark of interest they may have felt in the cause will, perhaps, glow and burn and at the close all will grasp his hand with fervor; he passes on, the fervor soon cools and those uninterested before backslide, as does the newly-aroused camp meeting convert, and then they go on in the even tenor of their way as they had been doing before.

This is a material age and no "spirit-like force" will reach the homœopaths now outside this body as organized, many for reasons formerly mentioned and more because they can never hope for any benefit whatever, medical, mental, moral, social or financial, from membership in an organization which always holds its sessions where they can never attend them. Not only this, these sessions are never heard of in the section where most of them live. As a matter of fact, there is a very large percentage of the laity of this country who do not even know of the existence of the American Institute of Homœ-

opathy. Do not make the mistake of thinking that it is only the ignorant classes that lack this knowledge, for such is not the case. You can read the daily papers from coast to coast today and in very few of them will you find any notice of this meeting. They know of the A. M. A., when and where it meets, what its attendance is, etc.; they have a press agent that sees that this information reaches the lay press.

The arrangement to hold sessions of the Institute in various sections of the United States in turn would accomplish two purposes, both of which are essential and vital to the homœopathic school of medicine. First, it would reach and interest this large and unregenerate class of homœopathic physicians now outside the organization who do not care to become members of and support financially a society in which they never can have a part, and which is run almost wholly in the interest of other sections of the country. Last, but not least, it will call the attention of the younger and more liberal members of the so-called regular school and the laity throughout the country who have been taught from time immemorial that there is nothing in homœopathy, that its practitioners are unskilled and unlearned as diagnosticians and in the specialties, that it is a fake and a fad, to the fact that there is a national organization of homœopathic physicians composed of a scientific body of men, the peers of those of any other medical organization in existence, it will make more homœopathic patients, hence more homœopathic students, for which our colleges are crying and for the lack of which many of them have already closed their doors and more are to follow.

Given two essentials, viz., hotel facilities with convention halls capable of housing the Institute and a press worthy of the name, any popular center in any section of this country extending an invitation to the organization should be afforded the privilege of having a session held in its confines at one time or another. The press facilities, especially, should be considered. Publicity is the most potent means by which we can make known to the world the belief that in homœopathy we have a system of cure, superior to all other drug systems. It is absolutely imperative that this knowledge be given and proven to the lay world if homœopathy is to come into its own and the American Institute receive the recognition which we believe it deserves as a

scientific body of medical men. Not only this, there is no other means which we can use, that will so forcibly call the attention of prospective medical students to our system of practice and aid us in recruiting our ranks now being decimated by "benevolent assimilation" of some of the younger members and by death among the old guard.

It has been said that the Institute should not select a place for its meetings "where homœopathy is weak—in an attempt to strengthen the faith and advance the interests of a comparatively small number of physicians who may be scattered over a large territory." You will pardon this personal reference, but as a representative of such a section, I resent the imputation here implied, against my own and all other sections of this country similarly situated. I do not believe any body of homœopathic physicians would ever extend an invitation to this body with any other motive in mind than the "good of the cause," believing that the cultivation of the whole field would be of general benefit. That any one for a moment considers the pecuniary benefit, is beyond belief. However, if that is the game, view and main reason why the places for meeting are always selected "within an area where the majority of the membership reside," why should the outcasts contribute and ask their patients to contribute to the Propaganda and Endowment Funds which on the same principles will be expended for the benefit (?) of homœopathy within the same area? Why should we be members of and support an organization that can see no benefit to the cause, only when it will benefit personally the men in an area in which we are not included?

We can not reason by analogy that the American Institute should be governed by the same rule as the A. M. A. in the selection of place of meeting. In a general way the object of that organization may be the same as our own, but in many others their purpose and ours are diametrically opposite. They have no need for missionary work; we have. They have a most perfectly organized medico-political machine through which every candidate for legislative office, both national and state, is approached as to his predilections on all prospective medical legislation. The members vote accordingly without regard to the political affiliation of the candidate, by means of which they seek to control medical licensure, and eventually

medicine, in this country. We have no such organization or purpose, and seek only to have such laws as will give every man, woman and child the God-given privilege of choosing a medical adviser from any school of medicine he may please. They insist on and are now rating our medical colleges, to which there would be no objection if they were not prejudiced, and are making every effort to have all state boards of medical examiners use the rating of their Council of Medical Education to the exclusion of that of our own Council, and where they have single or mixed boards which are under their control, are using their rating, thus excluding the graduates of three of our medical colleges from the examination rooms. We have no desire or wish to rate their colleges or interfere with them in any way, but we should insist that they do us justice in their ratings which they are advertising to the world. Only a short time ago they were violently urging the amalgamation of the National and American Confederations of Examining Boards, but when it came to the by-law which was to govern the selection of a Committee of Rating and Inspection of Medical Colleges, because, forsooth, it was to be so drawn that no particular school of medicine would control the Committee, they refused to complete the merger. They cry out against sectarianism in medicine and are most sectarian of all schools of medicine. They seek by the most plausible means to limit the number of graduates and practitioners of medicine by various laws in the several states regulating the practice of medicine and by rules made by the various examining boards, this under the guise of raising the standard of practice for the protection of the "dear people" from unqualified practitioners, but in reality to protect themselves and limit competition, because their branch of the profession is already over-crowded. On the other hand, we need more graduates and practitioners to supply the demands from every section of this country. There has been organized recently a College of Surgeons with high and noble purposes. It is said that they have shown an independence and manifestly avoided the sectarianism of the A. M. A. Our homœopathic surgeons are making every effort to become members of this organization, with which there is no fault to be found; and whether they do or do not succeed, I venture the prophecy that if it is not now, later it will come under the control of the A. M. A. and in the not distant future

will seek to limit surgical operations and control of the hospitals in this country for its membership by laws passed for this purpose. Thus the opposite purposes of the two organizations might be continued indefinitely.

Again the American Institute was not organized to afford opportunities for outings and vacations for its membership, hence there is no reason for considering summer resorts with nothing to commend them but their delightful surroundings, means of entertainment, cool sea or mountain breezes, to the exclusion of other places sending invitations. Let the "big time" at the summer resort come afterwards for those that can afford such luxuries. There are too many of us who can not afford vacations and we must make great sacrifices to attend these meetings. Then let them be held with but one single purpose in view, viz., what they may accomplish for the good of the cause of homœopathy with nothing to detract the attention of those in attendance, giving every section extending invitations proper consideration as a matter of justice and right.

I have not intended to be hypercritical in the statements here made, but have sought to call your attention to the views of many men, some members, others non-members of this society, taking the risk of the wrath that may fall upon my head, but however that may be, hoping that in the end it will be "for the good of the cause." In closing, will say that I am a homœopath, though some may think to the contrary, and I believe that, in homœopathy, we have a system of cure superior to all drug systems and am willing to fight and work for this cause as long as any one within the sound of my voice.

The Year's Progress in Therapeutics.*

WALTER SANDS MILLS, A. B., M. D., NEW YORK CITY.

A by-law of the American Institute of Homœopathy says, "The chairman of each bureau in his address shall include a resume of progress in discovery in the special field to which such bureau pertains."

This is the Bureau of Materia Medica and General Thera-

*Chairman's Address, Bureau of Materia Medica and General Therapeutics.

peutics. So far as my reading and observation go, I have been unable to find any great therapeutic advance or discovery made during the past year. The work done seems rather to have been in more clearly defining the place of discoveries already made.

In disease due to infection by a specific organism much work is being done by many observers to develop a curative agent from the products of the disease itself. From these efforts have come into vogue various sera and vaccines.

The most important of these is the diphtheria antitoxin. This seems to have a decidedly curative value; it seems also to be of some service as a prophylactic.

The various tuberculins have some value as diagnostic aids, less value as curative agents. For therapeutic purposes the best observers recommend beginning the use of tuberculin in doses of one millionth of a milligram—equivalent to the 6x homœopathic potency—and not repeating the dose for two or three weeks or more, or until the effect of the last dose has ceased to act.

Flexner's sera for acute poliomyelitis and for meningitis have some curative value.

The typhoid antitoxin seems to be of value as a prophylactic. Its results as such in the army have been little short of marvelous. A careful reading of reported cases where typhoid antitoxin has been used as a remedy has failed to convince me that it has any advantage over the homœopathic remedy.

Antistreptococcic serum has apparently produced good results in some pus cases.

In a general way it may be said that these preparations—sera and vaccines—are of more value as preventive agents than as curative agents, excepting as noted above.

We are all familiar with the great variety of symptoms that may appear in different cases of the same disease occurring in different individuals. We know that no two cases of pneumonia, or of typhoid fever, or of any other disease-entity, are exactly alike. This being recognized as a fact, it is fair to assume that there must be some difference in the resulting discharge or products of the disease in different cases. If the product of the disease varies in different cases, why should a serum or vaccine produced by one case be expected to act as a curative agent in all other cases? I am of the opinion that if

there is any value at all in this method of treatment that the preparation used in a given case should be prepared from the discharges of that particular patient in order to get the best results. In other words, the most logical thing to do is to carry out the method of autotherapy suggested by Dr. Charles H. Duncan of New York.

Beri-beri seems now to be firmly established as a disease caused by the eating of polished rice. By feeding the victim on unpolished rice the disease is both prevented and cured. For this discovery we are indebted to our army surgeons in the Philippines.

The only new drugs of paramount interest that have been introduced in the past year or two are salvarsan and neo-salvarsan for the cure of syphilis. Hailed at first as sure specifics, they are now rated simply as valuable adjuncts. It will take years to assign them to their proper place. Even the most thoroughly treated case of syphilis may exhibit tertiary symptoms in the form of locomotor ataxia, general paresis, or some other condition many years after the original infection. Only after a large number of cases treated with salvarsan or neo-salvarsan have lived for at least twenty years without further manifestations of the disease, can these remedies be given their proper rating in the treatment of this most protean, persistent, and terrible of all diseases—syphilis.

Therapeutics is the science and art of healing,—the treatment of disease. In the use of drugs for therapeutic purposes homœopathy stands supreme today. The great advances in medicine during the past half century have been in pathology and in finding the causes of disease. The knowledge so gained has been of inestimable value in the prevention of disease. It has been of very little value in the cure of disease. The external manifestations of disease, the objective and subjective symptoms, have not been changed by a knowledge of their ultimate causes.

And this is where the indicated homœopathic remedy is so important. It fits the symptoms, the only evidence we have that a patient is sick. The knowledge that typhoid fever is always caused by a specific organism that must enter the digestive tract to do its work is of use because then we can take intelligent measures to keep it out. After the germ has once entered the body and the patient becomes sick, then the

peculiar symptoms produced may call for bryonia, or baptisia, or arsenic, or some other remedy. The typhoid bacillus has no direct relation to our choice of the remedy nor to the results attained by its use. And so with all other diseases. There is no way to recognize disease except by its manifestations, its objective and subjective symptoms. The properly indicated homœopathic remedy that most closely fits a given case by the objective and subjective symptoms found in its pathogenesis is the one that gives the best results: *similia similibus curentur.*

Present Day Clinical Medicine.*

EDWIN LIGHTNER NESBIT, M. D., BRYN MAWR, PA.

It is not my intention to consume the valuable time of the Bureau in a formal address to review the trend in Clinical Medicine and Pathology during the past year. The many excellent papers which have been promised us will do that. It has seemed to us that our most practical contribution to this work would be to find the talent otherwise hidden and present it acceptably to you.

In planning this work, we have endeavored to cover the general field of greatest interest to the profession at this time as it might be shown by the titles of the papers submitted. We have grouped our material under five general headings, viz.:—Medical Diseases with Sociologic Aspects; Circulatory and Hemic Affections; Gastroenteric Diseases with Stereographic Demonstrations; Urinary Diseases and Diagnostic Technic; Infectious Diseases.

In our appeal to the colleges for Reports on Research Work and Laboratory Technic, and to the individual practitioner "on the firing-line" we have met with a hearty response. We are likely, indeed, to have more contributions than time to present them adequately. Many of these papers will be stereographically illustrated.

As chart and slide illustrations are likely to be time consuming, and because they can be less advantageously reproduced in the official transactions than written matter, we would suggest that where a paper has to be abridged to keep

*Chairman's Address, Bureau of Clinical Medicine and Pathology.

it within the time limits, the text rather than the charts and slides be omitted.

It will be necessary that some papers be read by title. These will be a part of the complete work of the Bureau, none the less.

In closing let me thank all who have contributed to the success of our program in any way, in behalf of the American Institute of Homœopathy as well as for the members of this Bureau particularly.

May I request, finally, that the reading of all papers be generously and promptly discontinued at the "call of time" by the Chairman, in order that as many as possible may be heard by paper and in discussion.

Maturity and Old Age.*

EDWARD BEECHER HOOKER, M. D., HARTFORD, CONN.

I shall say little about the machinery of this Society, for the excellent reason that there is little to be said, since in most departments it is running smoothly without much friction and, I hope you will agree, with a satisfactory output, both as to quantity and quality. I have, however, just two recommendations to make. It has proved extremely difficult to secure a chairman and papers for the Bureau of Psychotherapy. My predecessors have found the same difficulty. I see no good reason why a society devoted to physical therapeutics should have a bureau devoted to therapeutic measures which are not physical, but on the contrary exactly the opposite. I therefore recommend that the Bureau of Psychotherapy be abolished. The Institute has a bureau capable of efficiently handling this branch of therapeutics.

There is a branch of therapeutics which has been too much neglected, not only in medical societies but in medical schools as well. It is now assuming great importance and is being studied in institutions and laboratories as never before, and with corresponding increase of knowledge and practical results in treatment. I refer to the relation of food to health and disease. I therefore recommend that a new bureau be established, to be known as the Bureau of Dietetics.

*Address of the President of the National Society of Physical Therapeutics.

I shall not attempt to give you a review of the year's progress in physical therapeutics, since that will be demonstrated in the work of the various bureaux and can better be told by the workers in those special fields. Instead, I lay before you a subject which has greatly interested me during the last few years and in which, in a very small way, I have made investigations. It is appropriate to this Society, since it touches upon the work of every bureau, even that of Psychotherapy. This subject is Maturity and Old Age.

Medical science has concerned itself very greatly with the problems of infancy and childhood and a vast deal has been learned about the physical and psychological phenomena of child life, the hygiene of children at home, at school and at play, its pathology and therapeutics. These studies and the increased knowledge of all that pertains to childhood have resulted in great reduction in morbidity and mortality, to such an extent that the average span of human life has been appreciably lengthened. Another less advantageous result is that many delicate children, who formerly died in infancy, now live to adult years, but never become robust and are poorly fitted to bear the burdens, physical and moral, which come with the stress of life when its responsibilities are reached. It should be said, however, that while many children are saved, who otherwise would have died, very many who otherwise would have always remained delicate have been brought into a higher state of health and have become stronger and more efficient.

The other end of life, old age, has not been so thoroughly studied, nor have we given sufficient attention to the problems of maturity, that portion of life just before old age, when ripe experience should bear the fruits of efficiency of body, mind and spirit. How noble, how inspiring a spectacle is a human being, man or woman, who has reached mature years in vigorous health with clearness of vision (and not of the eyes alone), decisive judgment, keenness of mind, sweetness of spirit, a broad outlook in life, a wide charity and a high courage! On the other hand, how sad a spectacle is that of a man, arriving at the age of highest efficiency, and then beginning to deteriorate before his time. Little by little his powers wane, his power of endurance decreases, he becomes more easily tired, especially if he hurries or walks up hill; then he

notices that he gets out of breath; he cannot concentrate his mind as he used to; his brain tires easily; his memory becomes poor. Saddest of all is the moral deterioration. A man who all his life has been of exemplary conduct, at least so far as is known, a faithful husband, a devoted father, probably a church member, perhaps a deacon, or even a clergyman, becomes involved in some sexual irregularity. In the majority of cases he may escape detection, but many times discovery ensues; perhaps he dies suddenly of apoplexy in a hotel or boarding house, in the company of some women not his wife. What a heart-rending termination of a hitherto unblemished life! What infinite sorrow does he bequeath to his wife and children, no matter how large his estate may be. Why does one man end his career in this degraded manner and another pass from efficient maturity into honorable old age? He gradually becomes weaker physically, but nobler and more spiritual as he nears the end, until he falls asleep and wakes with the clear vision of the spirit life, just beyond the confines of earth. It is well worth our while to study the phenomena of maturity and old age, and learn, if we can, the reasons for these vastly different terminations of life.

It is possible, of course, to scarcely more than touch here and there upon so vast a subject, which would require a large volume for anything like adequate treatment. I shall therefore consider briefly only two phases of it,—arteriosclerosis, which is after all the cause of most of the phenomena of premature old age as well as old age itself, and the sexual perversions of old age. I shall treat those two phases from the standpoint of the clinician, giving my own experience, meager though it be, rather than that of the pathologist and laboratory expert. Arteriosclerosis is hardening of the arteries. Here, however, I must call in the pathologist for help:

> "It begins with a hyperplasia of the connective tissue of the inner coat, with stiffening of the vessel, thickening of the inner coat and diminution of calibre. The circulation in the arteries themselves is impaired and their nutrition interfered with and degeneration follows. The intima becomes soft, fatty deposits occur and atheroma follows. Later changes consist of waste of muscle fibres, hardening of the outer coat, calcareous deposits in the middle and outer coats, ending in calcification."

This hardening is a normal process of advancing years and becomes pathological only when it occurs prematurely.

An almost constant accompaniment of arteriosclerosis is high blood pressure and it is particularly to this phenomenon that I desire to call your attention. High blood pressure and arteriosclerosis are not synonymous terms. The latter may occur without high blood pressure, and high blood pressure is often present without the slightest hardening of the arteries, so far as the fingers are able to discover, that is to say, so far as the clinician can determine. From the clinical point of view, we therefore divide high blood pressure into two kinds; one with organic changes in the arteries, true arteriosclerosis; the other without such hardening, a functional disturbance, depending on other causes, diseases functional or organic, as it may be, of other organs, such as the thyroid, suprarenal glands and the digestive tract. In some cases there is no discoverable disease in any organ.

True arteriosclerosis itself may be divided into two forms; one, in which there is no disease of kidneys or heart; the other, in which the heart, or kidneys, or both, are diseased, hypertrophy occurring in the former case and interstitial nephritis in the latter.

I used to believe I could detect high blood pressure by the fingers, but it cannot be done. The pulse may be perfectly compressible and feel actually weak, yet the sphygmomanometer may show 170 to 200 mm.

Much has been said concerning the danger of high blood pressure. In my opinion the danger may be exaggerated. It is certainly unwise to frighten a patient, especially a woman of fifty or sixty years, by telling her that her blood pressure is high. I find among my patients an alarm and anxiety on this subject is positively harmful.

We do not yet certainly know what is the normal pressure for middle life and old age. It is certain there are some persons over fifty years of age who are absolutely well by every test that we can apply, whose arteries are soft and flexible, yet their pressure is 180, 200 or even higher. These instances are of course exceptional, but every physician who is studying this subject and taking pains to examine as many people as possible has met such cases.

What is the standard of health? I have adopted the rule of adding 100 to the age of the individual as the normal rate. Thus, a man of twenty has 120; at thirty, 130; at forty, 140; at fifty, 150; at sixty, 160; at seventy, 170. When the pressure rises above 170 at any age it should be looked upon as beyond the normal range, except in exceptional cases, as before noted. It is understood, of course, that these cases are normal only when there is no heart disease and the kidneys are not affected. It should be borne in mind, although there may be actually no hardening of the arteries in these cases, that one of the causes of sclerosis is the increased blood pressure and that the increased friction of the blood stream upon the inner coat of the arteries is liable to start the hyperplasia, which is the initial process of sclerosis. Therefore, while it is true that the dangers attending high blood pressure may be exaggerated, it is none the less true that when such pressure exists it is our duty to discover, if possible, the reason for its existence, to remove the causes and lower the pressure by appropriate treatment. It is only in exceptional cases that there are no symptoms other than the high pressure itself. Usually there is headache, with a sense of pressure in the head and a feeling of confusion; occasionally dizziness and impaired sleep; the pulsations of the heart are felt throughout the body and there is undue shortness of breath on exertion.

It will be exceedingly helpful if it can be ascertained just what type of case is most liable to apoplexy. Theoretically, the cases of inelastic, brittle, calcareous arteries should be the ones to have cerebral hemorrhage. Yet we find just such arteries in old people, many of them having been in good health to extreme old age. On the other hand, men and women in the early sixties, whose arteries are soft to the touch, succumb to apoplexy. The hardness of the artery is of less importance than the pressure within it. The spots of softening, or of atheroma in connection with increased pressure, would seem to be the most dangerous of all conditions and the most difficult to detect.

The experience of the large life insurance companies is of value in determining the relative danger in increased blood pressure. Most of them refuse all cases, no matter what the age, whose pressure is up to 170 mm. Some refuse those over 150. Their statistics show that in cases averaging 171, the

death rate is 153% of the normal expectation; the deaths occurring most frequently from apoplexy, nephritis and organic heart diseases respectively.

The causes of arteriosclerosis and high blood pressure are not fully known. It is highly probable that the use of alcohol is one of them, although the researches of Cabot have thrown doubt upon this point. I am convinced that over-eating, especially of animal food, is an important causative factor. After reaching maturity less food is needed than during the earlier and more active years, yet few people realize this, and continue to eat as heartily as when young. Assimilation and elimination are less complete, fat is deposited in the tissues and irritating products are retained in the system. Beyond question, the stress and strain of modern life, with its anxieties and worries, especially the latter, are a cause of premature ageing. Syphilis, gout and lead poisoning are also causes of arteriosclerosis.

The diagnosis of high blood pressure is of course simple, if an instrument of precision be employed to detect it. Fingers are not to be trusted. In neurasthenia the blood pressure is lower than normal, yet, strange as it may seem, the symptoms attending high blood pressure have been mistaken for those of nervous prostration. Since making routine use of the sphygmomanometer I have been surprised to discover that cases that appeared to be neurasthenic are actually suffering from high pressure. This experience exactly tallies with the result of the employment of hemoglobin tests in diagnosing between neurasthenia and anemia. Neurasthenics are usually pale and have the general appearance of anemia, whereas the blood test often shows the hemoglobin to be 90% or higher. It is my invariable rule in office practice to take the blood pressure and make the hemoglobin test in every case requiring a general examination.

Thus far we have considered systolic pressure only. The diastolic pressure is very difficult to determine by a gauge instrument, like the Tycos, for instance, which, however, is an excellent and reliable mechanism for registering systolic pressure. A stethoscope attachment is necessary for the determination of diastolic pressure. This pressure is regarded by many investigators as of greater significance than the systolic. The difference between the systolic and diastolic pressures is

the pulse pressure, which is an important factor in blood pressure, perhaps the most important of the three, but its significance has not yet been fully determined. The most we can say now is that the normal pulse pressure varies from 25 to 45 and that anything below 20 or above 50 is pathological.

The treatment of high blood pressure is not at present satisfactory. The main resources at our command are to decrease the total amount of food consumed, if it be excessive, and especially to reduce, or take away entirely, all meats; coffee and alcohol should be forbidden; elimination should be kept up to the normal, especially from the bowels. The value of autocondensation in reducing high blood pressure is beyond question, especially in uncomplicated cases. In cases of arteriosclerosis with nephritis, this modality should be employed with great caution, since the well-being of the patient will be endangered if the pressure is reduced too much. I feel certain that in such a case a reduction from 230 or 240 to about 190 is all that can be safely borne. In all these cases, if the strain and worry of life can be modified, so much the better. This is especially true in the case of a strenuous business man of about sixty; but such a man cannot happily change from a life of intense activity to one of utter idleness. He should occupy himself with milder pursuits, outdoors if possible. Happy is such a man if he has a hobby, and so much the better for humanity if the hobby be a useful or beneficent one.

The other phase of the subject under consideration to which I desire to call your attention is the sexual perversions of middle life and old age. Perhaps a better name in most instances would be sexual irregularities, as only a small per cent of the cases I have in mind are actually perversions in the strict sense. To illustrate: A man lives in happiness and contentment with his wife, faithful to her and to his vows. The man I am describing is a very decent kind of man, a really upright man, who is either not greatly tempted to immorality, under his circumstances, or if so tempted is able to resist and overcome the temptation. There are many men of just that type who, after reaching fifty-five or sixty years of age, commit their first act of sexual immorality. Why does this happen? There are several reasons. In the first place, most men of that age retain their sexual desires to a large extent and their sexual power also, but to a less extent. On the other

hand, their wives have either lost all sexual desire, or retain it in diminished degree. The result is that the man who has been previously satisfied in his sexual relation longs for some one younger and more responsive. The prostitute does not tempt him as a rule, but he is liable to succumb if he meets a widow or unmarried woman, or an unhappy married woman, of strong passion and weak morals. And the main reason he succumbs is that all his married life he has not been self-controlled. He has been faithful to his wife, but not to himself. The sexual element has played too dominant a part in his life and he finds himself unable to resist doing what heretofore he believed he never could do.

Another type of man is he who never has been moral, married or single, who never has known self-control in any degree. Both these types are liable to develop real perversions still later in life, such as finding sexual gratification in handling boys and being handled by them. I have come across several such cases within a few years; one was a school teacher and two others were clergymen,—all three men of more than usual ability in their professions.

I have brought this unusual and unpleasant subject before you in this address and in the Bureau of Psychotherapy mainly for one purpose. The accomplishment of that purpose makes it necessary for us to go to the other extreme of life,—childhood. It is hardly necessary to affirm the tremendous influence of the first nine years of life upon the whole of the subsequent life. During these years the senses are alert as never afterwards and the registering apparatus is plastic, sensitive and retentive. Impressions of all kinds come rushing in and are registered. Many are apparently forgotten, but the subconsciousness does not forget and there they are retained. Some impressions are deeper, more powerful than others, and their effects upon the individual later are correspondingly more powerful and it may be, perhaps, irresistible. Among the most powerful of such impressions are the sexual. It is therefore of supreme importance that they should be correct ones, clean ones, true ones. Therefore, children should not be deceived when they begin to inquire or become curious about sexual matters. Such things should not be made mysteries. And, especially, children should not be told that such subjects are improper and must not be talked about. Children should

be told the truth according to their age and ability to comprehend. The truth can be told naturally, purely, without stimulating curiosity, but rather satisfying it and removing all mystery. If not told the truth in its purity and sacredness by the proper persons, they will learn falsehood and vulgarity from improper persons. And harmful impressions will be indelibly registered upon the subconscious mind, which may afterwards do them incalculable injury. I am confident that many of the cases of sexual irregularity and perversion in later life (as in every stage for that matter) are due to exceedingly powerful sexual impressions received some time during the first nine years. This is my purpose in bringing this subject before you, to insist that children must be started right in these early years to prevent disaster in the later ones. Then will self-control be possible in manhood and maturity, and a sane, serene old age crown a life of high endeavor, even though one's arteries become hard. For after all it does not matter so much if our arteries do get hard, so long as we keep our hearts tender.

A Chapter from a Possible Work on Border-Land Diseases.*

JAMES C. WOOD, A. M., M. D., F. A. C. S.

INTRODUCTION.

In the March, 1910, number of the Journal of the American Institute of Homœopathy, under the caption of "Homœopathic Propagandism," the writer published a signed editorial in which he discussed the wisdom of presenting the claims of homœopathy to the members of the regular school of medicine in a way that would be more in harmony with modern thought and modern methods than had ever before been attempted. At the following meeting of the Institute held at Narragansett Pier, Dr. R. S. Copeland, who had not seen my editorial, presented a paper to the Bureau of Homœopathy in which he advocated practically the same scheme outlined in the editorial. As a result of this editorial and Dr. Copeland's paper a committee consisting of Dr. Copeland, Dr. C. E. Fisher and

*Bureau of Homœopathy.

myself was appointed for the purpose of preparing such a work as the one outlined. The plan then contemplated was the creation of a little book of not more than 50 or 60 pages dealing with 15 or 20 polycrests, the indications being obtained largely from the literature of the older school, together with quoted therapeutic applications obtained from the same source, the object being to show the reader of the regular school that in an empirical way his own teachers of materia medica are recommending in numerous instances the homœopathic use of drugs. Of course attention was to be called to the finer distinctions in the way of individualization made by the homœopathic practitioner. The thought was to have a work of this kind published by some well known publisher not of the homœopathic school, so that it would find its way into the hands of a much larger number of physicians of the regular school than would be possible were its sale exploited by homœopathic publishers and pharmacists. The thought, too, was to have the homœopathic pharmacies prepare a little case of not more than 15 or 20 of the polycrests dealt with in the book, which could be introduced into the physicians' office for experimental purposes at practically cost price. But this committee went the way of many committees. What was three men's work was no man's work. Two years ago the committee was granted further time after reporting negligible progress. A year ago the committee was discharged, as it should have been, after accomplishing nothing. The thought has nevertheless occupied a prominent place in my mind since that time and I have given it most earnest and serious consideration. After re-reading the splendid works of Boericke, Burt, Hughes, Dunham, Dyce Brown, Dudgeon, Holcomb, Nash, *et al*, I have come to the conclusion that any sort of propagandistic literature which simply records the action of drugs upon the human organism with the idea of showing their homœopathic application to disease has not been and never can be very effectual in appealing to the average reader of the regular school, and especially to the younger men of that school. In fact, the younger men of all recognized schools of medicine of today are thinking in a language different from that of 30 or even 20 years ago. It is a language of chemical symbols, of cubic centimeters, of micromillimeters and of precise and accurate data. The great advancements made in bac-

teriology, in diagnosis, in laboratory analyses, in physical appliances for diagnostic and therapeutic purposes, and in serum and vaccine therapy, have created a new school of medical thought, a school which must have for its basis, first, premises that are logical, and, secondly, conclusions that are applicable at the bedside,—hence the clinical method of exploitation. In order therefore to attract the attention of a mind thus trained one must necessarily present his subject according to the very latest dicta of science. A bare cold statement of facts regarding the action of drugs, especially when obtained from homœopathic sources alone, is not in my opinion sufficient to appeal to a mind thus trained. No one is more conscious than myself of the fact that, in the presentation of the illustrative case which is to follow, I have fallen far below even my own ideal of the kind of a work which I think should be produced. I am presenting it largely for the purpose of criticism, hoping thereby to obtain information which will enable some one in the homœopathic school much better prepared than myself to produce a work of the greatest possible value for propagandistic purposes. I do not think that I myself am the man best capable of creating such a work. I am absolutely sure that no busy surgeon of ordinary intelligence can give either the time or the strength to its creation while in the active practice of his profession. Its writer should in my opinion have first of all a thorough knowledge of internal medicine, and be a practical clinician. He should be a true believer in the law of similars, or if you please, in the law of substitution. He should be a most able diagnostician and entirely capable of determining the limit of drug action in contending against disease. But above all else he should be broad enough to keep constantly before his reader the thought that the homœopathic physician is first of all a *physician*, and that he is ever ready and willing to utilize in dealing with disease any and every method that modern science has proved useful. Such a work should also emphasize, especially for the homœopathic reader, the diagnostic importance of certain symptoms of drugs which are often of the gravest import and which, in border-land cases, frequently call for surgical intervention. In short, he should present homœopathy to the reader, not as an exclusive system of medicine, but rather as an inclusive one,—comprehensive, liberal and tolerant.

The time is, I believe, opportune for such a work as I have outlined. It is well known by everyone who has kept in touch with modern medical literature, or who has recently attended the great surgical clinics of this country and of Europe, that the internist whose work has so long been overshadowed by the more dramatic achievements of the surgeon, is again coming to his own. The modern surgeon is one whose mission is something more than a wielder of the scalpel. He must, if he wishes to obtain the best results, take cognizance of all the factors that go to make recoveries. The most interesting clinics held in Chicago at the recent Congress of Surgeons were those in which the surgeon and the internist worked side by side. As a surgeon I am ready and willing to confess that I believe too much surgical work is being done. *Too little attention is being paid to the patient, his constitutional bias, his disordered metabolism and perturbed cells, and too much to the end results of disease.* I refer more especially to that class of lesions that come within the pale of border-land diseases, such as exophthalmic goiter, localized tubercular lesions, Hodgkin's disease, ulcerations of the stomach and intestines, the various inflammatory diseases of the pelvic and abdominal organs, the dysmenorrheas, the chronic kidney lesions and displacements, the various forms of neuritis and neuralgias, the various lesions of the nose, throat and upper air passages, etc., which at their beginning are plainly medical, but which may at any moment become surgical, and often with great urgency. Having been for some years a general practitioner, and later an exclusive specialist, I perhaps can better appreciate the importance of border-land diseases than can the surgeon who has never been an internist, or the internist who has never been a surgeon. It is for this reason that I have chosen for my subject in the present paper one of the border-land diseases.

A work such as I have contemplated should be prefaced with a brief dissertation upon what modern homœopathy is, and, above all else, what it is not. A recent experience in dealing in an official way with a number of most broad-minded and scholarly surgeons of the regular school has convinced me that the average member of that school has no conception of the most fundamental principles of homœopathy. Indeed many of the surgeons of that school are so broad-minded and liberal that they cannot see the slightest reason why we should exist as a

distinct school, believing that the difference in therapeutics of the two schools is so slight as to make it no longer necessary for us to maintain a distinct organization. When we meet with men honest in this belief it is up to us as a school to show that there is, so far as internal medication is concerned, the greatest possible difference; but it is likewise up to us to present the claims of homœopathy in such a way that it will appeal to them. It is up to us, too, to revise our materia medica and in so doing utilize any and every means at our disposal to make our provings accurate and dependable. I would therefore, in the preface, show the relationship of vaccine and serum therapy to homœopathy, quoting from men like Virchow who has said that "bacteriological therapeutics rest upon a homœopathic basis;" and from Wright who confesses himself the "arch homœopath" of us all. I would call attention to the work done by Wheeler, Neatby, Burrett, C. Wesselhoeft, Watters and Mellon, in order to show that the opsonic index can be favorably influenced by remedies other than the vaccines. I would call attention to the biological law formulated by Professor Arndt of the University of Greifswald to the effect that "if strong irritants destroy vital processes, moderate ones favor, and the minute ones arouse them to the highest activity." And while emphasizing that the smaller dose of the homœopathic school is not an essential but rather a corollary of homœopathy, I would utilize the splendid work done by Copeland in showing that the minute dose in the light of modern physics is not unscientific, but rather in harmony with modern teaching regarding the divisibility of matter. I would also utilize to the fullest the splendid work done by Korndoerfer and Sutherland in emphasizing the wonderful prevision of Hahnemann in anticipating much that has become a part of twentieth century medicine; but I would subject Hahnemann's writings to the same scientific analysis applicable to the writings of today. Finally, I would appeal to the reader, not from the viewpoint of a narrow partisan or sectarian, because, I repeat, modern homœopathy is anything but this, but from the viewpoint of one who desires at all times and under all circumstances to obtain the easiest, safest and best way to treat his patient, whether that may be homœopathic or otherwise.

Presuming then that my audience is composed of both regular and homœopathic physicians, I shall proceed to discuss the subject of

Gastric (Peptic) and Duodenal Ulcer.

Gentlemen: The first patient I have to present to you is a girl of 22, whose symptom complex is strongly suggestive of gastric ulcer. She is a serving maid and has been in ill health for more than 18 months. Family history negative. Her initial symptoms as given by her were those of dyspepsia with eructations, anorexia, etc., although I more than mistrust that previously to the actual development of the stomach symptoms she suffered from anemia, if not from actual chlorosis. For the last two months she has complained of a more or less constant burning pain in the epigastrium which is most intense soon after the ingestion of food. The pain is also felt almost constantly in the back to the left of the spine and opposite the tenth dorsal vertebra. There is during the attack much heartburn with the gulping up of an excoriating acrid, bitter substance. At times the vomited matter has been brown or almost black, due to the admixture of blood. She is losing in flesh, her hemoglobin is low (70), her red blood count is but 3500000, there is a trace of albumin in the urine and there is indicanuria. The skin of the face and chest is, as you see, pigmented, and that covering the entire body is dry. Subjectively the prostration is marked, she complains of much thirst, though desiring water in small quantities only, and is exceedingly restless and nervous. Her general symptoms are all relieved by warmth. She fears that she is going to die and it is more and more difficult, so her mother informs me, to lift her from her state of mental depression. A peculiar symptom of her attacks of gastralgia is a pain felt in the neck and jaw not unlike the pain of angina pectoris. She has frequent attacks of diarrhea and upon two or three occasions there has been tarry blood in the stools. Microscopic examination shows sarcinae. Three specimens of the stomach contents were obtained for laboratory exploitation. The first, eight hours after eating, showed the stomach empty, thus demonstrating with a fair degree of certainty that there is no serious hindrance to the onward passage of food; there was, however, some blood obtained, unmixed with food, indicating

that it was of gastric or duodenal origin. The second was obtained one hour after a test meal and showed a marked excess of HCl. The third, obtained after a fast of ten hours, also contained HCl. No yeast or sarcinae were found in the last specimen, showing that in all probability there is no food stasis. There is an absence of the Apper-Boas bacillus, as was to be expected in the presence of the HCl secretion.

Physical examination shows tenderness over the left epigastrium with spastic contraction of the left rectus. There is an hyperalgesic area which extends from the lower area of the left chest downward as far as the umbilicus. You will note that the slightest skin pressure over this area causes the patient to flinch so that the sensitiveness is superficial and can by no manner of means be due to the communication of the pressure to the ulcerated area of the stomach, if ulcer there be. The patient's metabolism is involved as is manifest by her general appearance. Deep palpation of the appendix area fails to elicit any unusual tenderness. The pelvic organs are apparently normal, with nothing in the way of malposition to suggest reflex stomach disturbance. There is slight accentuation of the second heart sound which can readily be accounted for by the existing anemia. The respiratory sounds are normal.

Let us next proceed carefully to analyze the anamnesis obtained both for the purpose of arriving at a diagnosis if possible, as well as for the purpose of outlining an intelligent course of treatment.

If we are right in our surmise that the difficulty lies in the stomach, we are fortunate in having to deal with one of the most accessible of the internal organs, accessible alike to the chemist, the physiologist and the clinician. By means of the Roentgen rays it can even be made accessible to the eye without the aid of the surgeon's scalpel. Notwithstanding all this, mistakes in diagnosis are not infrequent and a positive conclusion cannot always, with entire safety, be formed.

First of all gastric and duodenal ulcers occur in women oftener between the ages of 20 and 30 years than during any other period of life. It occurs, too, with greater frequency in serving maids and in those whose work involves pressure upon the epigastrium, so that in men weaving, cobbling and tailoring predispose to it. Impaired metabolism with result-

ing anemia and chlorosis are undoubtedly important factors in the production of stomach ulceration, as they are important predisposing factors in the creation of various other local and general affections. Usually associated with the malnutrition is autointoxication, which but adds to the tendency of local destruction of tissue. Hunter believes that gastric ulcers are not infrequently caused by emboli having their origin in endocarditis of the mitral valve. The heartburn in this case, as in most cases, is undoubtedly due to the hyperchlorhydria present with probable regurgitation of the vomited matter into the esophagus. The character of the vomited matter is not pathognomonic because we may have the brown or black vomitus in other conditions, and especially in carcinoma. However, when entering into the symptom complex of this case it is most significant, and as we shall see later is almost pathognomonic. The loss of flesh is not as marked as we would expect in malignancy. As a matter of fact, malignancy can with a fair degree of certainty be eliminated, as there are no evidences elicited by either palpation or percussion of a tumor formation and the degree of emaciation and cachexia are hardly sufficient to suggest malignancy. Then, too, the analysis of the stomach contents, with the excess of HCl, and the absence of the Apper-Boas bacillus, counterindicate malignancy. While stomach cancers may occur at any period of life, they are more common between 40 and 70 years of age. Cancer, however, not infrequently follows in the train of gastric ulcer. The low per cent of hemoglobin and the decreased number of red blood corpuscles are due to two causes, the loss of blood and malnutrition.

There are other conditions simulating the gastric crises which this patient has from time to time experienced. Spinal cord diseases, especially tabes, produce gastric crises, which on casual examination simulate organic stomach disease; but we have to help us in the differentiation, the normal reflexes, the absence of shooting, lightning-like pains in the legs and of the Argyll-Robertson pupil. Again, we get in chronic gastritis, persistent vomiting which is occasionally blood stained, so that the symptoms of gastric ulcer may be counterfeited. But in simple gastritis the tenderness is more diffuse, the pain is not so severe, the vomiting is not so persistent or painful and there is diminished or absent HCl. I have seen alarming

and almost fatal hemorrhage occur in cirrhosis of the liver; but in cirrhosis of the liver we usually have an alcoholic history with a hardening and palpable liver and not infrequently ascites, all of which are absent in this case. The differentiation between duodenal and gastric ulcer is exceedingly difficult. Usually in duodenal ulcer the pain is in the right hypochondriac region and occurs two or three hours after meals. Sudden and recurring intestinal hemorrhage with pain in this locality, and with tarry or bright red stools, especially if associated with jaundice and with but little or no vomiting, suggests the duodenal location of the ulcer. The slight trace of albumin in the urine with the absence of casts is not especially significant. On the other hand, the presence of indicanuria is significant inasmuch as it suggests autointoxication of gastrointestinal origin. Baar contends that all anatomic lesions of the gastrointestinal tract show indicanuria, even simple lesions of the gastrointestinal mucosa being sufficient for the absorption of the ever present indol. The pigmentation of the skin is also in all probability due to the resorption of toxins from the digestive canal and their retention. The thirst is probably due to the slight inflammatory condition associated with the formation of the ulcer, as well as to the loss of blood. The mental depression is characteristic of that of stomach and digestive disturbances, intensified in this case by the neurotic temperament of the patient.

The pain felt in the neck and jaw are not unlike the pain of angina pectoris and is probably due to the same cause, namely, stimulation through the vagus of the fifth cranial and upper nerve centers. Recorded in a homœopathic materia medica this symptom to some of you would look fantastic, but here we have it in an actual condition. It is a symptom occurring in the proving of ammonium bromide. The spastic contraction of the left rectus muscle affords us but little definite knowledge as to the actual location of the ulcer in the stomach for the reason that it is due, as emphasized by Mackenzie, to an irritability of a certain area in the spinal cord with an exaggerated peripheral response. There is diarrhea but no mucus in the stools, so that we are justified in eliminating chronic appendicitis, which is so frequently responsible for mucous enterocolitis. The abdominal tenderness being located above the umbilicus with no right hypogastric hyperalgesia also sug-

gests the absence or appendicular involvement; but it must not be forgotten that gastralgia with almost typical symptoms of gastric ulcer may be caused by chronic appendicitis. Paterson, Fenwick, Moynihan, Ewald and Wood have all emphasized this fact. Paterson cites a number of cases in which it was exceedingly difficult to differentiate gastric symptoms due to appendicular disturbance from true gastric or duodenal ulcer. Five of his patients suffering only from appendicitis vomited blood on one or more occasions, the amount in one case being 50 ounces. Paterson's theory is that hemorrhage in these cases is due to the irritation resulting from the hyperacid gastric juice, although the fact must not be overlooked that because of the hyperacidity produced by a diseased appendix, true ulcer may be excited. Under the caption of "Gastrointestinal Autointoxication and Mucous Enterocolitis," I have gone into this subject in detail.

Nor must we forget that symptoms simulating organic stomach disease may be produced in a reflex way by displacement or disease within the female pelvis. It is well known that lesions of whatever nature exciting or depressing the sympathetic nervous system may and frequently do interfere with digestion. The well known sickening sensation produced by ovarian pressure is a familiar example showing the intimate relationship existing between the female generative organs and the stomach. In short, the evidence going to show that digestion may be disturbed by pelvic lesions acting reflexly, with consequent intestinal autointoxication, is overwhelming. But pelvic lesions in the present case are absent and are likewise to be eliminated as causative factors.

The character of the pain does not always give us a clear idea of its cause. Mackenzie states that, although the stomach is a hollow muscular viscus, severe cramplike pain with violent peristalsis, having its origin in the stomach, is of rare occurrence. He says that he has watched many patients for years who have suffered from these attacks and found that all turned out to be cases of gallstone disease, so that in persistent dyspepsia and heartburn the question of gallstone disease should be considered.

Again, the quantity of the blood vomited does not always give us a clear idea of the extent of the stomach involvement. Blood may come from the ordinary peptic ulcer or from a min-

ute erosion barely recognizable even upon close scrutiny; or it may proceed from weeping patches and villous areas to be recognized only after the stomach is opened. In some instances hemorrhage may be the first symptom of destruction of tissue.

Undoubtedly some idea of the location of the ulcer can be formed by the time of the recurrence of pain after food is taken. Moynihan says that in his experience where exact observations have been made he has found a definite relationship between the time of the onset after a meal and the position of the ulcer in the stomach, the nearer the cardiac orifice of the stomach the earlier is the onset of the pain. In pyloric ulcer it usually does not occur for one or two hours after the ingestion of food—a keynote symptom of anacardium. This is due, as Birmingham has shown, to the fact that "the stomach is not an empty sac to the bottom of which fluid falls, but a contractile muscular organ that fills in the cardiac end first, and little by little passes the food onward through the pyloric antrum and pylorus into the duodenum." If the pain is relieved for a time by eating, it suggests a pyloric or duodenal ulcer, for after the ingestion of food the pyloric antrum and pylorus are closed and the ulcer therein is free from irritating contact with passing food. Another explanation for the relief afforded in these cases by eating is that the presence of food in the stomach excites the flow of bile into the duodenum, which neutralizes the hyperacidity present.

I think then that we are justified both by the patient's objective and subjective symptoms, her age her history, the location and character of the pain, the analyses of the stomach contents, and the absence of other lesions which sometimes simulate gastric ulcer—in making a diagnosis of gastric ulcer. The next and, so far as the patient is concerned, the most important step, is the treatment.

Gastric ulcer in my opinion is a "border-land disease," essentially medical at its beginning, unless urgent symtoms in the way of pain, hemorrhage or the signs of portending perforation prevail. I am thoroughly in harmony with the teachings of Bartlett and most internists regarding this point. I am, however, equally emphatic in stating that unless the case in due time improves under properly regulated medical treatment, or if there be frequent recurrence of the hemorrhage, the

condition transcends the domain of the internist and overlaps that of the surgeon. I cannot, however, quite agree with Bartlett in his statement that a cure will probably result in 95 per cent of the cases treated medically.

Bartlett asks the following pertinent questions: 1. Do any of the cases relapse? 2. Do secondary lesions follow cicatrization? He answers these questions by stating that "undoubtedly many cases do relapse and all recoveries are not complete, for some are only relative." Moreover he adds: "Unfortunately secondary lesions following cicatrizations are by no means uncommon; nevertheless it is our duty to give our patient the benefit of the chances from medical treatment." Of first importance he emphasizes *rest*, which must be absolute in character. Secondly, the relief of the stomach for at least six or seven days from all work and the substitution of rectal alimentation. At the end of this time small quantities of milk are administered every hour, gradually increasing the amount, supplemented by rectal feeding, until the end of the second week, when the patient is permitted broths and bouillon in addition to the milk, and the intervals of feeding considerably reduced. Moynihan advises that all ingesta be made sterile before taken into the stomach and is a thorough believer in the disinfection of the mouth by means of frequent antiseptic washes. The importance of this procedure is emphasized by the more recent experiments of Rosenow who has many times produced ulcer of the stomach by intravenous injections of streptococci. It may be necessary to relieve the hyperchlorhydria with bicarbonate of soda or milk of magnesia. The pain may be so great even under complete rest that hypnotics become necessary. Under certain circumstances, as in dilatation associated with the ulcerative process, the use of the stomach tube may be advantageous.

The specific treatment is, according to my way of thinking, most important. Analyzing this patient's symptoms from the viewpoint of treatment in order to determine the indicated remedy, we note first of all that she has "heartburn," which we have seen is due to the hyperchlorhydria, with eructations, anorexia and *severe burning pains* relieved by warmth. The pain extends from the stomach through to the back, which as we have seen is a referred pain, and is most important from a diagnostic standpoint. There is hyperalgesia over the stom-

ach area. The vomited matter is brown and almost black which, as we have seen, is due to the admixture of blood with the ingesta. She is losing in flesh, the hemoglobin is low and there is marked anemia. There is albumin in the urine and indicanuria; the skin of the face and chest is pigmented, there is marked thirst, the patient is restless, exceedingly nervous and melancholic with fear of death. There is a peculiar pain felt in the neck and jaw, which is also a "referred" pain. She has had upon two or three occasions tarry blood in the stools.

With this symptom complex presenting, I am inclined to believe that at least 49 out of 50 physicians trained in the law of similars would prescribe as the internal remedy arsenicum. The exhaustion, the weakness, the mental anguish and restlessness, the fear of death, the gastric irritability, the marked thirst with the desire for but little water at a time, the albumin in the urine, the relief of her symptoms from heat, the pigmentation of the skin, and the probable pathologic lesion present, all are symptoms to be found under the pathogenesy of arsenic in all homœopathic materia medicas. But it is not necessary for me to confine myself to the exclusive literature of the homœopathic school in order to show that arsenic will produce the vast majority of the recorded symptoms when given to persons in health or in doses sufficiently large to create symptoms. Let me first quote from Potter: In his work on *Therapeutics, Materia Medica and Pharmacy,* twelfth edition, 1913, under the caption of *Physiological Action,* he says: "In large doses arsenic is a powerful irritant to the gastrointestinal and bronchial mucous membranes. Toxic doses may produce either symptoms of gastroenteritis or those of a profoundly narcotic character. In the first and most usual form of acute arsenical poisoning there is burning pain in the throat and stomach extending over the abdomen, vomiting, thirst, bloody stools, strangury, suppressed, albuminous and bloody urine, rapid and feeble heart, great anxiety, cold breath and finally exhaustion and collapse. The autopsy shows erosions, ecchymoses and softening of the gastrointestinal mucous membrane. * * * In several cases it has caused general brown pigmentation of the skin and may give rise to the same pigmentation of psoriasis patches."

Strangely enough under the caption of *Therapeutics* Potter says: "Arsenic is of special value in irritative dyspepsia, gas-

tralgia, pyroses, gastric ulcer or cancer, and regurgitation of food without nausea." * * * Again, "Anemia and chlorosis are remarkably benefited by it. * * * In chronic, scaly and papular skin diseases, its value is very great. * * * Epithelioma may be retarded by small doses long continued, and it has certainly been useful in delaying the progress of other cancers, particularly scirrhus of the stomach and uterine carcinoma."

But for fear that you may surmise that Potter, because of his early training as a homœopathic physician, filched some of his knowledge of arsenic, both as regards its physiological action and therapeutic application, from homœopathic sources, let me quote some excerpts from Bartholow's chapter on arsenic. Bartholow says: "When arsenic is taken internally in large doses it causes a metallic taste, nausea and vomiting of glairy mucus, epigastric pain and soreness, diarrhea, tenesmus, and sometimes dysenteric stools. As regards the skin, it causes itching of the eyelids, urticaria, eczema, psoriasis, etc. * * * When arsenic is swallowed in sufficient quantities to cause the symptoms of acute poisoning the phenomena produced are of two kinds, gastrointestinal irritation and cerebral effects. * * * There is burning in the epigastrium and thence radiating over the abdomen; violent and uncontrollable vomiting; great dryness of the mouth and fauces; intense thirst; intestinal irritation; bloody and offensive stools; retracted abdomen, etc. After death there will be found in the gastrointestinal mucous membrane deep redness, erosions, ecchymoses and softening."

Under the head of *Therapy* Bartholow further says: "There is no remedy more useful than arsenic in the so-called 'irritative dyspepsia' manifested by these symptoms: a red-pointed tongue, poor appetite, distress after meals, the presence of food causing intestinal pain, colic and the desire to go to stool. Drop doses of Fowler's solution given before meals quickly relieves this state of things. * * * Arsenic is also very beneficial in these small doses in chronic ulcer of the stomach. It checks the vomiting, relieves the pain and improves the appetite for food. It is not equally effective in acute ulcer. Although arsenic exercises but little influence over the progress of these cases, it is very serviceable in cancer of the stomach, by diminishing the pain and checking the

vomiting. Gastralgia and enteralgia, when idiopathic, are sometimes made to disappear in a very surprising manner by the same remedy, *but there are no certain indications of the kind of case to which it is best adapted. In the treatment of stomach disorders only small doses of arsenic are admissible. Large doses by creating an irritation of the gastric mucous membrane will only defeat the end in view.*"

And so gentlemen, I feel that I am able to prove to you the homœopathicity of arsenic in the disease under consideration, not only by Hahnemann's Materia Medica Pura, the first volume of which was published in 1811, but by the quotations extracted from recognized authorities of the older school—Potter and Bartholow. For further evidence obtainable from the older school I refer you to the more recent works of Bastedo, Thornton, Stevens and White, as well as to the older ones of Ringer and H. C. Wood. The peculiar modalities of arsenicum, the aggravations after midnight and from cold drinks or food, and the amelioration from heat, were obtained only by the finer homœopathic provings and aid the homœopathic physician in its selection. Its recommendation by Potter and Bartholow are, as we have seen, in a large measure empirical. I have selected it in the case under observation because in the provings of the drug we find that the majority of the symptoms present are produced by it when given to persons in health, in small or moderate sized doses, and in toxic doses actual ulceration of the stomach can be induced. I have already shown that at least one prominent reflex symptom, that of the throat and jaw, is counterfeited in the provings of ammonium bromatum, but that is the only symptom present produced by ammonium bromatum, and therefore in the selection of the remedy I have eliminated it. Sabadilla has a pain extending from the stomach to the back, but this is the only Sabadilla symptom present and it is likewise eliminated.

Other remedies equally useful in gastric ulcer when indicated are argentum nitricum, phosphorus, mercurius corrosivus, kali bichromicum and hydrastis. The standard works on materia medica and therapeutics of the regular school show that all of these remedies not infrequently produce in physiological and toxicological doses symptoms resembling ulcer, and all of them are recommended in small doses for the same,

though without the clear cut indications to be found in the writings of the homœopathic school.

I shall therefore place our patient under complete rest. I shall carefully regulate her diet. I shall for a time resort to rectal alimentation, and I shall prescribe arsenic 3x (1-1000) internally every four hours. Should the specific remedy fail to relieve the pain, I shall not hesitate to resort to anodynes, or should it fail to relieve the hyperchlorhydria, I shall not hesitate to prescribe alkalies, for homœopathy in its philosophy is inclusive and not exclusive. Homœopathy is able, however, oftener to make these measures unnecessary by the properly selected internal remedy. In the meantime I shall keep the patient under close observation and should urgent symptoms develop, I shall not hesitate speedily to open the abdomen and do a gastroenterostomy or resect the ulcer.

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Shock.*

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In choosing this subject for consideration this evening I have been actuated by more than a single purpose. In the first place, it is extremely difficult to find a subject to discuss which will appeal to and interest men who are engaged in the surgical specialties and those that are engaged in general practice or in special lines not surgical. Also, I wish to call to the attention of doctors in general that the treatment of shock is not limited to surgeons. In other words, that shock is not entirely surgical, not due to trauma alone. Inasmuch as this is so, its etiology should be better understood and its treatment familiar to the physician as well as the surgeon. The bearing which shock has on many nonsurgical conditions will be brought out as this paper progresses.

To begin with, what is shock in a liberal sense of the word? It may be said to be a condition of reflex depression of vital functions which may occur after severe injuries and operations, but also may result apparently from mental excitement induced by even comparatively slight injury sometimes occurring without the slightest traumatism.

In describing a case of acute shock I shall be portraying something familiar to most of those present. Usually, the bodily temperature is lowered, especially in operative cases, ranging from the normal to 97° F. or even lower; the perspiration becomes cold; the patient clammy. Pallor is marked especially after whatever ether flush there may have been has vanished. The pulse, departing from its normal 70 to 80 beats a minute, mounts to from 120 to 160, and its tension diminishes rapidly until it becomes very easily compressible, so much so that to the untrained or the excited, no pulse can be found. Auscultation of the heart shows the first and second sounds diminished, and like the tick of a watch in character.

*Read before the Verification Club, Ann Arbor, Apr. 23, 1914.

The patient's respiration is mostly thoracic and shallow, more rapid than usual. The pupils are dilated. Nausea, hiccough and vomiting frequently occur, adding to the distress and increasing restlessness of the patient; also incontinence of urine and feces due to the utter muscular relaxation of the patient.

Upon first thought the doctor will say, "Why, that's a description of a case of surgical shock." To be sure it is a description of surgical shock, but are these symptoms confined to surgical shock or the results of traumatism? By no means. Fear will produce every one of these symptoms in as marked degree as trauma. Those who have had the chance to see fear manifested to a marked degree in a human being will have to admit that it can and does produce the same objective symptoms as surgical shock. Great physical exertion as the result of endurance tests results in the same group of symptoms. Also, but to a less degree, have you noted the characteristic symptoms of Graves' disease? Are not a good many of them common to both shock and to thyroid toxemia? If they are not alike in many respects, why should an advanced case of Graves' disease bear even the simplest of surgical procedures with such difficulty? Obviously they have many features in common, so many that when one condition is superimposed upon the other the already overtaxed human organism passes beyond the limit of endurance and death ensues.

After having thus briefly called to your attention, (1) that shock is not alone due to bodily traumatism either during the progress of an operation or as the result of severe bodily injury by accidental trauma, and (2) that it has a great many features in common with hyperthyroidism, a condition in which there is grave disturbance of metabolism, I pass on to the discussion of the various theories of shock production, each of which has numerous advocates. In this I have drawn largely from the experimental work of Crile, Henderson and Porter, all of whom have been laboring for years to establish the etiology of shock.

One theory is that shock is due primarily to cardiac exhaustion; another, that shock is due to reflex inhibition of the activity of the centers of the cord. A hypothesis which has received a great deal of acceptance among surgeons for a number of years is that shock is due to vasomotor exhaustion.

This theory is as follows: As the result of the cumulative effect of excessive or unusual stimulation of afferent nerves, the vasomotor center becomes depressed and, finally, completely exhausted; as a consequence of this exhaustion, there occurs a paralysis and dilatation of the peripheral vascular system with the accumulation of blood in the venous trunks. The output of the heart diminishes and the circulation gradually fails. Seeley and Lyon have definitely proved, however, that the peripheral vascular system is *not* paralyzed and that *no inhibition* of the vascular center exists, even in profound shock.

Following the disproving of this theory of shock Prof Henderson of Yale advanced the theory of acapnea as the causal factor in shock. This theory stated briefly is as follows:

"Voluntarily forced respiration in man produces symptoms of shock. Emotion, pain, ether excitement, irritation of sensory nerves without conscious suffering, and other conditions known to produce shock, involve excessive respiration or hyperpnea. The result of this over-ventilation of the lungs is a fall in the proportion of CO_2 in the blood (acapnea). Another source of carbon dioxid loss is the evaporation of CO_2 from exposed viscera during abdominal operations. The primary result of this withdrawal of the natural stimulus of the respiratory center is a cessation of respiration (respiratory failure), which if sufficiently prolonged (about 8 minutes) will cause death by oxygen starvation of the heart.

"An important secondary effect of acapnea is an increase in the rapidity of the cardiac contractions. This increase of rate is at the expense of diastole, therefore lessening the time necessary for the auricles to fill. The output of the heart dimishing thus produces a fall in blood pressure. Decrease in venous blood pressure then occurs and the blood stagnates in the veins. According to Henderson, therefore, the failure of circulation in shock is a venous stasis, the underlying cause being a diminution of the CO_2 content to the blood. The fall in venous pressure decreasing the venous stream to the heart, and thus an increased pulse rate."

Until a short time ago this theory had many supporters, as had the theory of vasomotor exhaustion as a causal agent

of shock. So, before going on to discuss one of the latest and what seems to me the correct theory of shock, I shall explain in brief how Dr. Crile has disproved this theory. First, he wished to prove that shock could be produced without the development of acapnea so that, necessarily, the decrease in CO_2 need play no part in the shock production. The method he used was unique, clever, and clearly demonstrated his point. The circulations of two dogs were crossed, that is, their vessels were so anastomosed as to give the two animals the same circulation and its characteristics, that is, the same blood pressure and same CO_2 content in their blood. Their blood pressure was then rendered static by over transfusion so as to maintain as even a blood pressure as possible, thus eliminating cerebral anemia as a factor in whatever shock might occur. One of these dogs was then subjected to severe trauma over a considerable period. This dog developed very severe shock, while the other dog showed little or no evidence of shock despite the fact that the two animals were having a common circulation. The conclusion drawn from this experiment was that acapnea was not a necessary concomitant of shock. Therefore circulatory and respiratory failure in shock could not be due to a CO_2 diminution in the blood.

Yet another experiment was done to eliminate acapnea as causal factor in shock. In this experiment a "spinal" dog was used. A "spinal" dog is one whose spinal cord has been destroyed at the level of the first dorsal vertebra. This cuts off afferent impulses from the lower extremities and abdomen. The dog is well nourished for some time, regaining its health again, with the exception of having all sensory impulses cut off from reaching the brain. This dog's extremities were subjected to severe trauma, the abdomen was opened and the viscera exposed and subjected to trauma such as would produce profound shock and death in a normal animal. But the dog showed little or no signs of shock. Certainly, were shock due to CO_2 evaporation from intestines, this dog would have suffered severely. Obviously, then, diminution of CO_2 was not the cause of shock. If not, then what part did the severed spinal cord play in the prevention of shock? Did the elimination of afferent impulses from the traumatized area have any effect in eliminating shock? And if that were so, how did the

reception of these impulses from the traumatized area bring about such end results?

With some of these questions in his mind, probably, Dr. Crile and his associates set out to find, if possibble, some definite result of these sensory impulses, if it were really true that they played an active part in shock production. Clearly, the first place to look for the results of this sensory bombardment was the brain cortex, for there were received all these impulses. Also, they desired to determine, in whatever way possible, whether there was any chemical or visible histologic change in the cortical cells as a result of excessive activity due to such excess stimulation as might come from severe trauma.

The work of Crile and his associates has covered a period of three years and histologic studies have been made of 312 individual human and animal brains. Their studies include acute and chronic emotional excitation of rabbits; dogs traumatized under inhalation anesthesia; dogs killed after fighting; normal foxes and those pursued by dogs and killed; dogs suffering from pyogenic infection; dogs poisoned by strychnin, alcohol, ether, curari, iodoform, thyroid extract and adrenalin; acute traumatism of "spinal" dogs and dogs with crossed circulation; trauma in dogs that have been over-transfused to exclude cerebral anemia as a factor; dogs suffering from acute hemorrhage, etc. The human brains examined include those of a workman killed instantly by falling, a young man killed by stabbing, a man shot through the heart, a new born babe, an old man, a case of Graves' disease, of pneumonia, of typhoid fever, of delirium tremens, of cancer cachexia with infection of pyogenic infection and of eclampsia.

The studies were made with reference to the following points: the size of the cells, the amount and physical condition of the component parts of the cells, the number of cells in the field and the intervening granular cells.

Böhm and Davidoff in speaking of the histology of cortical cells say: "After treatment by special methods, the protoplasm of the nerve cells shows granules or groups of granules which show affinity to certain stains, consequently, known as chromatophile granules (nissl substance); these are densely grouped around the nucleus so that the cell shows an inner darker and an outer lighter portion. These chromatophile granules, also spoken of as tigroid granules or as tigroid sub-

stances, as a rule are not arranged in concentric layers but in groups, giving the protoplasm a mottled appearance.

The brain cells of acutely infected dogs in all cases showed a decrease in the nissl substance of the cells. Dogs poisoned with strychnin showed an increase in the nissl substance of the cell, but if kept alive for several hours, showed a decrease. Animals given small and large doses of alcohol showed increase in nissl substance but after lethal doses showed diminished nissl substance and morphologic deterioration. In man, in every case where the brain was examined and the individual had died of disease whether from cancer, Graves' disease, or what not, the brain cells showed marked decrease in nissl substance and marked morphologic alteration in the cells. But in the brains of healthy individuals killed suddenly, the brain cells and nissl substance approached the normal. In animals traumatized under inhalation anesthesia, the condition of the brain cells varied. The cells of animals subjected to momentary trauma showed a slight increase in nissl substance while those subjected to severer or more prolonged trauma showed a morphologic change and decrease in nissl substance in proportion to the depth of shock. In the animals traumatized under inhalation anesthesia, in which direct transfusion of blood was resorted to, to eliminate cerebral anemia as a factor, there occurred diminution of nissl substance in the brain cells. No amount of trauma in the paralyzed areas of dogs whose spinal cord had been separated was sufficient to produce any change in the brain cells. In the pair of dogs whose circulations were crossed and whose blood pressures were maintained by transfusion, the brain of the traumatized animal showed the typical changes while the other brain showed no changes. Direct trauma of one hemisphere produced no resulting change in the other.

In animals subjected to acute fear, if killed immediately, there appeared an increase in the nissl substance in the cortical cells; if killed after some hours, there appeared a marked deterioration of the cells. In chronic fear, there appeared a morphologic change and deterioration, whether killed immediately after exposure or 12 hours afterward. The cortical cells of foxes killed after a severe and prolonged chase as well as those of dogs killed after fighting showed deterioration. No

cortical cells of dogs under sexual excitation showed increased nissl substance.

Crile sums up these findings as follows:

"Whether as a result of injury, of disease, of drugs or of emotional stimulation, the physical state of the brain cells corresponded closely with the state of vitality; not only with the state of vitality as a general term, but also the state of such functions as cerebration, digestion, muscular power, respiration, circulation, disturbance of metabolism, of excretion, in short most of the bodily functions. Then, too, in both animals and in man, the physical condition of the brain cells apparently was a good index of the extent of surgical operation that probably could have been endured. .....The foregoing tends to show that there are in the brain cells the labile compounds capable on adequate stimulus of converting their potential energy into kinetic. This substance is selected in part or entirely by the nissl stain and its quantitative variation corresponds to vital power. The principal changes in the composition of the blood, the circulatory, respiratory and functioning organs, whether increased or suspended in physical exertion, as a result of physical injury and emotional stimulation, are but a part of the adaptive reactions through the influence of the excited brain. These phenomena (altered respiration, blood pressure, etc.) seem to us to be secondary, while the changes in the brain are the primary lesion in shock."

Worry is only intermittent fear which in lower animals, acting as a sensory stimulus of great magnitude, would result in intense and prolonged muscular activity. But in man with his more highly developed brain, such stimulation although received does not result in visible motor activity. Man with his developed reasoning, with his associative ability, inhibits voluntary motor activity. But what of all the host of impulses that are sent out from the cerebral center to the centers of involuntary motor activity and indirectly to all the functioning organs of the body? Those impulses, of necessity, cannot be inhibited. What are the results? Loss of strength and appetite, indigestion, rise in blood pressure and increased pulse rate, glycosuria, increased perspiration, cardiovascular disease, neurasthenia and Graves' disease. These may be the result of

frequently repeated emotional stimuli and representative of a condition which may be termed chronic shock. There is no one present who has not been subjected to severe emotional disturbance, who has not experienced some of the above mentioned phenomena and the subsequent sense of complete exhaustion, physical and mental. Given the continued or oft-repeated application over a considerable period of time of the stimuli which produce such results and the foundations have been laid for arteriosclerosis, gastric and cardiac neuroses, Graves' disease, neurasthenia, paretic dementia, and other neuropathic conditions.

Let us now consider acute shock especially as regards operative procedures. Those familiar with surgical work know that shock may follow any operation, however trivial, but that, in general, it varies according (1) to the locality involved, (2) to the traumatism, and (3) to the time during which trauma (i. e. operative work) is applied. A fourth factor may be added which in man is not inconsiderable and that is the emotional element.

One may raise the question, Does not the anesthetic prevent shock by producing unconsciousness? The question has to be answered in the negative. Although unconsciousness is produced, the cortical cells of the cerebrum are as capable as ever of receiving sensory stimuli and responding through the cardiac and respiratory centers of the medulla. Who is there that is not familiar with the variation in respiration consequent to manipulation of the upper abdominal viscera, even in deeply anesthetized patients? Who has not witnessed the rigidity of the recti and their contraction when touched by the knife even though the patient may be unconscious? They represent the effort of the individual to escape injury and come as a result of motor response to sensory stimulation which has been applied to the portion of the brain supposed to be cut off by the anesthetic. Truly, then, the anesthetic cannot have done anything but render the patient unconscious, without having cut off the cerebrum from the reception of sensory impulses. Some one may question this statement, may wish to know how that fact is known. The matter has been proved by subjecting dogs to anesthesia and also anesthesia plus trauma with the result that the cortical cells of the anesthe-

tized animals showed no alteration, whereas the cells of the traumatized animals showed the characteristic changes.

The cortical cells of the brain, then, being "awake," in spite of the unconsciousness of the individual under anesthesia, the reason for shock becomes apparent. If sufficient traumatism occurs, in a region well supplied with sensory nerves, if it is repeated for a greater or less period of time the brain cells will be deprived eventually of all their available potential nervous energy, and exhaustion will result just as exhaustion follows too prolonged exertion. As has been demonstrated by Dr. Crile in his study of brain cells under varied conditions, the morphologic changes of the brain cells due to ordinary muscular exertion and injury under anesthesia are identical. Traumatic shock, pure fear, and muscular exertion all show the same changes and also all show recovery of normal state after a certain length of time. If, then, all these conditions show the same cerebral changes, the cellular deterioration must result from the same cause, an excessive discharge of nervous energy stored within the cell. This being so, emotional disturbance as well as trauma will act as a factor in exhausting the intrinsic nervous energy of the brain cells and both aid in inducing and increasing shock.

I may be able to emphasize this factor in the production of shock by a few briefly described cases of shock in the gynecological clinic of this hospital.

Case I. Mrs. S., a middle aged woman, came into clinic suffering from severe uterine disturbance, metrorrhagia, etc. A hysterectomy was advised and consented to by the patient. She had suffered a great deal of trouble at home, her husband maltreating her, so that she was in a state of continual anxiety, becoming at times very despondent. Physically, she was in condition to stand the operation. While taking the anesthetic, the patient told the anesthetist that she had had much trouble and had caused so much trouble that she hoped and prayed never to regain consciousness. Ether and oxygen were given for the operation. A supravaginal hysterectomy was performed with little or no hemorrhage and the abdomen quickly closed, the whole operation consuming about 30 minutes. The patient was taken to her room in good condition only to develop very severe shock. It was only by the most careful treatment over a period of about 40 hours that she gradually

recovered her equilibrium and thereafter went through an uneventful convalescence.

Case II. Woman, aged 36, came into the clinic suffering from a beginning squamous-cell carcinoma of the posterior lip of the cervix. She was told the nature of her trouble and that a panhysterectomy would have to be performed. She readily assented. Patient admitted dreading the operation and said that she was horribly afraid. Everything was said and done to reassure her. Coming to us as she did without notice, she had to wait 4 or 5 days before operation. A hospital ward, of all places in the world, is the least calculated to instill confidence in a patient who is frightened and awaiting operation. The atmosphere of the place, the surgical dressings, the trend of conversation of the convalescents are not calculated to render a nervous woman easy, in spite of all the reassurance of doctors and nurses. This patient came to operation with terror in her heart. A panhysterectomy was done under ether and oxygen, and the patient returned to her room in fine shape. Later in the evening, as the patient reacted more fully from the anesthetic, her pulse began to become rapid and soon she was in a condition of grave shock. The condition developed so suddenly out of a clear sky, that I considered the possibility of hemorrhage in the beginning, but soon could exclude that because she didn't have the extreme pallor, spasmodic gasping and other signs of hemorrhage. Patient was given quarts of saline by hypodermoclysis, brandy, strophanthin and other circulatory stimulants, and morphin to relieve restlessness and pain. All our efforts however proved of no avail and the patient died about 36 hours after operation.

These cases suffice to illustrate somewhat the possibility of shock developing in patients in fairly good health, not weakened by disease, not subjected to prolonged operative work or hemorrhage; patients in whom the emotional element has assumed great proportion, who are suffering from chronic shock, whose cortical cells are exhausted of all their available nervous energy. There are no surgeons with good sense who would consider an individual exhausted by prolonged physical exertion a good surgical risk. Are these patients, then, who are overcome by their fears, in whom the element of fear is not destroyed and prevented from recurring by judicious treatment, to be subjected to surgical treatment carelessly?

Are they good surgical risks? I should say that very decidedly they are not.

What may we do, then, to eliminate this element of fear in patients awaiting operation, or at least to minimize it as much as possible? In the first place, reassure the patient, get his or her confidence, be cheerful and as optimistic as to the ultimate outcome as is warranted by the nature of the case. It is unfortunate for the mental equilibrium that they should be placed in wards with convalescents. As I have said before, the whole atmosphere and tone of the place is depressing to the new arrival. Convalescents, in general, derive a dreary sort of pleasure in telling their ward associates all of their troubles and discomforts, how they suffered from nausea and gas pains, how thirsty they were, what terrible pains they had through their incisions, etc., *ad nauseam*. I am now speaking of the average patient. To the newcomer these statements are secretly disturbing and produce much worrying which, although not apparent, will at times crop out. Numerous times I have been stopped by patients about to be operated, and have been questioned about matters, greatly disturbing to them, which have been talked about, cussed and discussed by morbid convalescents.

As the day of operation approaches, the patient is liable to suffer from sleeplessness. I believe it is a wise thing to give the patient a good night's rest prior to operation. If the patient cannot sleep and begins to manifest nervousness, a hypnotic should be administered. Chloral hydrate administered in brandy and glycerin, with saccharin, serves the purpose very well; the brandy and glycerin masking the chloral and removing its irritant properties. When administered by mouth the patient will usually fall asleep in from 15 to 30 minutes and sleep the greater part if not all night. If the sleeplessness is due to nervousness and not to pain, the above will be very effective. With the presence of pain an analgesic will also have to be administered.

When the day of operation arrives, the patient will begin to feel nervous in earnest, especially as the time for operation approaches. Only one or two remedies fulfill the test of efficiency here. They must be capable of hypodermic administration and capable of relieving mental anxiety. These are morphin and hyoscin or morphin and atropin. Either of these

combinations administered together an hour before operation relieve, very markedly, the immediate preoperative terror and render the administration of the anesthetic easier by virtue of the hypnotic effect and the diminution of mucous secretion.

Now briefly as regards shock during operation. An important factor is speed. Limiting the period of tissue injury as much as possible aids in limiting shock. Making the operation as bloodless as possible is another factor to be remembered. Any needless manipulation of abdominal viscera is to be condemned as conducive to shock development. In pelvic work, the walling off of the intestines by abdominal towels is extremely advisable before beginning any operative procedure. In the first place, the viscera are protected from chilling, from unnecessary manipulation, from injury and any infective material freed in the pelvis as a result of the operative work. There is a proverb that a stitch in time saves nine; one or two abdominal towels judiciously applied at the beginning of an operation will usually save a good many minutes, also unnecessary hemorrhage and manipulation. Blunt dissection produces more shock than a sharp dissection, just as a crushing injury produces more shock than an incision. Traction or excessive manipulation of large nerves or vessels should be remembered as conducive to shock.

After the conclusion of the operation, everything is done to conserve the energy of the patient. The patient is wrapped with blankets and returned to the room as quickly as possible and put in a warm bed well supplied with blankets. The bodily temperature falls during the operation, so that in spite of warm water bottles and blankets the temperature is down to 96° or 97° F. The treatment instituted should be the same as though it were a case of extreme physical exhaustion, with the temperature subnormal; the first thought is to return it to normal limits. The patient is surrounded by hot water bottles and covered with blankets. I have found that a very efficient aid in producing a reactionary rise in temperature, is the hypodermic administration of strychnia and brandy, repeating the brandy alone every hour thereafter until the temperature is normal. One or two doses almost invariably is all that is necessary. In my opinion, strychnia is of value administered in this fashion in case of shock. Its effect on the cardiac and respiratory centers is that of irritation, a temporary whip to

maintain the respiratory movement and cardiac contraction. The rate of the pulse can be lessened and blood pressure raised by other means. The rapid absorption of the alcohol in the brandy results in an increased oxidation with increased temperature.

Another means of preventing or relieving shock is the use of a stimulating enema immediately upon the patient's arrival in his room. The enema we use is composed of digitalis, black coffee, brandy and water; the foot of bed being elevated until the enema is absorbed.

As is well known, blood pressure falls and the cardiac rate increases in shock. The best means in relieving this feature of shock is the administration of saline solution. This can be given by rectum, into a vein, under the breasts, or in the axilla. Hypodermoclysis seems to me the most efficient as well as the most practical and easy way to administer saline. If placed in loose tissue, great quantities are quickly taken up with very rapid effect usually in decreasing the cardiac rate and increasing the blood pressure. If pituitrin is added to the saline, the effect on the blood pressure is even more marked. If the saline which has been given is absorbed rapidly but without very much effect on the rate of pulse, don't hesitate to repeat the dose. But give it more slowly. At this time it is usually best to give the patient something to slow the heart rate, to lengthen its diastole. Digitalis is the drug above all others in ability to strengthen its contraction and decrease its rate. As it is impossible to give it by mouth in these cases and the digitalin on the market is so uncertain in its action, it will be advisable to give the tincture by rectum or use one of the newer hypodermic preparations of digitalis (digalon or digipuratum) hypodermically. These are very rapid in their action, in combination with the administration of plenty of saline solution, slowing the pulse and increasing the blood pressure. If these preparations of digitalis are not available, spartein sulphate in 2 grain doses hypodermically will be found nearly if not quite as efficient, with the additional virtue that it produces more diuresis.

As the patient reacts, she will become restless usually directly in proportion to the degree of shock. There is absolutely nothing to be gained by allowing the patient to wear herself out, to use up her energy both in moving around and

in worrying. If the nurse, by her ministrations, fails to relieve the restlessness, an opiate should be given at once. The combination of morphin and hyoscin is here ideal in that it both relieves the pain and anxiety and also produces sleep. I am aware of the fact that many surgeons do not believe in the use of morphin alone or in combination, following abdominal operations where there is a possibility of peritonitis. The general consensus of opinion is that opiates should not be used until the bowels have been moved in these cases. I find that the hypodermic use of morphin has never given me difficulty even if there is considerable tympanites. Those cases of shock, with abdominal distension and increasing restlessness, are very apt to be nauseated and vomit frequently. A quarter grain of morphin or H. M. C. tablet will soon relieve the restlessness and pain, and stop the vomiting. In about one-half hour I administer a grain of mercurius dulcis by mouth, and in an hour four drams of epsom salts. The patient will retain them and in the vast majority of cases, within several hours, have one or two good liquid bowel movements with the relief of the tympanites. This is especially valuable in pelvic cases where the sigmoid has been injured in breaking up adhesions, so that one is afraid to use gas enema.

As has been said before, shock is an exhaustion, due to excess of stimulation of cerebral cells both sensory and emotional. Wherefore, then, the logic of allowing a patient already shocked to add to her shock by an additional expenditure of energy? One who has noted the slowing and increase in volume of a previously rapid and feeble pulse, the diminishing restlessness, the deepened, regular, and less rapid respiration, as the patient begins to get the effect of the morphin and hyoscin, cannot but feel that his battle is already partly won.

During this period of shock, this period of utter exhaustion of the patient, energy must be supplied to the patient in a concentrated and quickly assimilated form. If the patient can retain liquids in her stomach, hot bouillon and hot brandy sling are invaluable and should be repeated at frequent intervals. As improvement occurs, other fluids, orange albumin, eggnogs may be instituted gradually, no solid food being given until the bowels have been moved.

In conclusion, I wish to call your attention to the work of Dr. Crile on Shock, from which I have drawn freely for this paper. His discussion of racial phylogeny and its bearing on the development of shock is of a masterly nature and, I believe, will bear the test of time.

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EDITORIAL

The Editorial of the Organization Journal. The organization journal is a partnership. Every paid up member in the organization has a right to express himself in some way upon the printed page. Two important restrictions are obvious: the space limit and ungenerous personalities. The departments of original papers, of correspondence and of society reports should give latitude for honest commendation or for criticism of principle, of method or of deed. The editorial department should present the sober judgment of members intimately associated with the executive work, the scholastic position and the scientific progress of the association. As the open pages of correspondence may be more tolerant of harsh criticism, so the editorial department is more conservative in militant retort, than the privately-owned journal. The editorial is suggestive not exhaustive. It should stimulate inquiry rather than dogmatize. It should be the expression of active, fair-minded clear-visioned workers, who will set forth the principles for which the organization stands and the various aspects of scientific progress. In the course of the year the department not only should present the business policy and the fundamental principles of the organization, but it should give some definite notion of the attitude of the association toward the therapeutic problems of the year.

S. M. H.

Choosing a Specialty. The greatest curse in medicine today is the fact that so many of our young men have gone mad over specialism. In other words, all want to be specialists from the time they graduate. This is a great mistake for their sake, as well as for the welfare of their patients. I have in mind in what I now say, the work of the surgeon. In my opinion no man has any moral right to be a specialist in surgery until he has had at least ten years experience as a general practitioner and then at least two years of good practice with some surgeon of large experience. He is then in shape to do good work as a surgeon. With this training he will be able to make a correct diagnosis and grasp the real interdependence of one disease upon another. With a correct diagnosis he can tell what needs to be done and with his

experience he can and will do the right thing at the right time and in the proper manner. And his results will be far better because of this. *C. B. K.*

Journalism as a Specialty. As with the development of character one's life is guided by his ruling love, so must one line of study and practice predominate today, if the doctor would ever amount to more than a mere idler. Medical journalism has attained the position of a specialty. We distinguish between a specialist and an exclusivist. Small though it be, there is a demand for medical editors which it is very difficult to supply. This is mainly due to lack of interest rather than to insufficient qualifications. The advance of medical science calls for an ever higher grade of our journals, as to conduct and contributions.

Unfortunately it seems as if the majority of our writers feel that the capacity of their output is limited to one or two papers a year. This is attributable to habit, to lack of interest and to the fact that they have not taken notes of their cases or arranged their records systematically.

> Reading maketh a full man,
> Writing maketh an accurate man,
> Conversation maketh a ready man.

Many, if not most, young doctors are deterred from writing by the spirit of modesty. This is a serious mistake. For many years we have urged them to write, to persevere in writing, even though they tear up their papers, in order to develop and cultivate a facile pen. One of our professional friends declared, when a young man, that he would not present a paper until he could do so authoritatively. As a result, he wrote *one* paper about thirty years later. Needless to remark, this was not accepted as authoritative, although he had held for years a full surgeonship in a prominent hospital. It is advisable to form the habit of writing, and thereby of accurate observation and reasoning, if one has the ambition to become widely known.

Many in the medical profession possess the qualifications (short of training and experience) for an editorial chair, but they lack the necessary interest and ambition. *Cacoëthes scribendi* is not a sufficient qualification.

No one will deny the necessity of medical journalism; it is only the number and quality of the journals that have been criticised. What are the compensations of medical editorship?

Pre-eminently, it is an education in itself.

It keeps one up to date, and prevents drifting into a narrow life; keeps one in more vital touch with the medical world and its activities.

It preserves one's interest in his profession much later in life than he might otherwise keep it up.

It broadens one's sphere. It gives a wider influence, and affords better facilities for combating error and promoting scholarship. *J. L. M.*

Poise in a Specialty. I believe that many men, especially of the older school, specialize in some particular subject largely because through surgery and mechanical and local treatment it is possible to acomplish much more than is possible by internal medication alone. Undoubtedly the science of medicine has been tremendously enriched by men devoting their entire time to special departments, but the good resulting therefrom has been in a measure offset by certain men permitting the specialty to master them, instead of mastering the specialty. I mean by this that when the specialist becomes so interested in a certain set of organs that he is unable to inventory the entire organism in obtaining his anamnesis, he is sure to fail in doing for his patients all that modern medical art should do for them. This is especially true of the gynecologist because of the accessibility of the female pelvic organs. I believe, therefore, that our most successful gynecologists have found their way into the specialty through a broad and general experience in internal medicine. It is, in my opinion, to be deplored that so many of the younger men rush into specialties without a foundation, such as only a large and varied experience in general practice can afford. This is especially true of the homœopathic specialist because of our therapeutic armamentarium with which we can so favorably impress almost any and every tissue of the body. *J. C. W.*

The Isolated Physician. How are we going to interest homœopathic physicians located in small towns and rural districts in the American Institute? This is one of our prob-

lems. These physicians are isolated from members of our school. Perhaps there are not enough of them in their respective counties to form a local society of their own. Naturally they associate with old school physicians, in many instances joining old school organizations, and thus are lost to ours.

Just because they are so isolated from other homœopathic comrades is the very reason why they should affiliate themselves with our national and state societies. Even an occasional attendance upon the Institute sessions would stimulate their mental activity, broaden their vision, and give them a larger view of life, while the JOURNAL would continue to keep them in touch with the profession whose ideas are in accord with their own.

Incidentally, with a little effort both the *Journal* and the Institute might be made of more practical value to our rural doctors. Why not devote a page or so to their special interests? Here questions could be asked and answered in regard to difficulties met in their practice. Here an opportunity would be offered to exchange in a brief way their own original ideas. Here the city physician, rich in hospital experience, could help his less fortunate brother by telling in a brief way of the modern method of treating burns or septic wounds, or giving specific methods of examining urine in toxemia of pregnancy, or technic in an emergency operation for appendicitis. Here the chairmen of bureaux might find material for papers which would attract these very physicians to the Institute meetings. If not in this way, there must be some way to get these men and women and hold them. *A. D. V.*

The General Utility Nurse. With the technical training of the hospital nurse and the passing of a general leisure to know and to help one's neighbor, there has arisen a definite need of a household helper between the housemaid and the twenty-five dollar nurse. The great majority of families in comfortable circumstances can ill afford to pay twenty-five dollars a week for the acute illness which comes every now and then in most families. Frequently the mother wishes herself to hold control, but she needs some one who is efficient for night care, for occasional relief, or for nursing under the combined direction of herself and the family physician. If one need of the busy mother today is greater than another, it is to have a capable, trustworthy substitute one day a week, or every night, so as

to ensure the maternal factotum adequate rest and relaxation from the multiplicity of the day's demands. To meet such a need, the Mutual Aid Association of Brattleboro, Vermont, in its Sixth Annual Report tells the story how the "old spirit of neighborly helpfulness" has been brought up to date and correlated with "a central office that will know all the people who can do things—an office that can bring the needs in touch with the helps." The organization does not seek to dispense with the trained nurse. It recommends the trained nurse for the more difficult cases, and enlists her aid as supervisor and instructor of the women less fortunate in their technical training. The work is in its initial stage. But there are large possibilities if each community will work out its own problems and hold itself flexible to suit the worker to the field. *S. M. H.*

A State Board in the South West. The secretary of the Arkansas Homœopathic State Board submits under *Correspondence* a report of the 1914 candidates for medical license in that state. The secretaries of other state boards will give very efficient aid in assembling statistics by sending to the JOURNAL similar reports of their examination days. This is another suggestion for the federation of homœopathic interests of the country. *S. M. H.*

Institute Officers, 1914-1915.

The July JOURNAL goes to press during the 1914 session of the Institute. The officers elected are:

Byron E. Miller, Portland, Ore., president.

Harris H. Baxter, Cleveland, O., first vice president.

Mary E. Mosher, Boston, Mass., second vice president.

Joseph H. Cobb, Chicago, Ill., Walter E. Reily, Fulton, Mo., and Charles Sayer, trustees 1914-1917.

Charles E. Garrison, New York, censor 1914-1919.

The Institute Special.

Notwithstanding all the other ways of going to Atlantic City and the many reasons for starting on some other day than Saturday, Dr. Costain had the satisfaction of conducting more than a hundred on the special train. The medical profession at Washington and at Philadelphia contributed generously to the pleasure of the journey.

Correspondence.

The Arkansas State Board.

Little Rock, Ark.

To The Journal of the American Institute of Homœopathy:

This certainly is a fine bunch of fellows I am reporting here. They would be an addition to any state and we need them badly here in Arkansas. Hearle, from the Metropolitan Hospital, has been here for two months, practicing at Paragould, a town of about five thousand, and he is wildly enthusiastic, collected $95 his second month and has so much business that he is buying an auto to cover the country already. That rather enthused the others and they are all coming back with great hopes. We have had twelve new homœopathic practitioners in the state in the last year, more than in the last four years before, and we could use a score more, easily. We rather opened the eyes of the applicants. They did not expect much of Arkansas.

The Homœopathic State Medical Board of Arkansas met at the office of the Secretary May 27, 1914. The following members were present: Drs. Hallman, Williams, Hughes, Brooks and Runnels. Eight men were present for examination and were given ten questions each in anatomy, physiology, chemistry, materia medica, therapeutics, diagnosis and practice, pathology, bacteriology, surgery, obstetrics, gynecology and hygiene. The examination was written, supplemented by an oral and practical test to those men handing in the poorest papers. The examination lasted for three days and the results follow, with name, age, preliminary education, medical education, and examination grade:

David G. Sampson, 22; Elmer, Mo., High S.; Kirksville State Normal 2 yr.; K. C. Univ. 1 yr.; M. D., Kansas C. Hahn. Med. '14; 95 5-12.

Ralph W. Springer, 33; Mason City, Ill., H. School; K. C. Univ. 1 yr.; M. D., K. C. Hahn. Med. Col. '14; 91¾.

Wm. E. S. Jackson, 24; Chicago, Ill., High S.; K. C. Univ. 1 yr.; M. D., K. C. Hahn. '14; 87½.

Ulysses S. Boyer, 30; Bloomfield, Ia., High. S.; K. C. Univ. 1 yr.; M. D., K. C. Hahn. '14; 85 5-12.

Hiram H. Avery, 24; Omaha, Neb., High S.; K. C. Univ. 1 yr.; M. D., Hahn. K. C. '14; 83 1-12.

Agnes C. Thorpe, 23; Brayton, Neb., High S.; 1st grade State teachers' certificate, Neb.; K. C. Univ. 1 yr.; M. D., K. C. Hahn. '14; 82 1-6.

Edward J. Hearle, 25; K. C. Mo., High. S.; K. C. Hahn, '12; failed Ark. Board '12; 18 mo. Metropolitan Hosp., N. Y.; 80.

Lynn H. Parker, 27; Blandinsville, Ill., High S.; K. C. Univ. 1 yr.; M. D., K. C. Hahn. '14; 77.

Licensed by reciprocity with N. Y.:—

Ansel J. Robbins, 64; Winchester, O., practicing at Jamestown, N. Y.; Georgetown, Univ. Med. '90; So. Homœ. Balt. 91.

Licensed by reciprocity with Ohio:—

Walter H. Loomis, 34; practiced 10 years in Cleveland; M. D., Cleveland Homœ. Med. Col.

Respectfully submitted,

Scott C. Runnels, Secy.

A Clinical Report on Carbolic Acid.

To The Journal of the American Institute of Homœopathy:

In case of severe burns (or smaller) we were taught cantharides tincture was the remedy, applied locally. For a number of years I have used carbolic acid, pure, or the same mixed with linseed oil, cloth saturated with same and applied to parts; the latter is the safer way if burns are extensive. The pure acid alone must be applied by some one with a knowledge of its power, of course. I once (about 10 years ago) applied it pure on the hand of my grandson, then less than 2 years of age, who had picked up a poker, at white heat, just removed from the fire by his father. The acid was the first thing at hand, and I applied the pure article using a glass rod, and applying directly to the burned part only. I was myself astonished to see the change for the better in 24 hours. There was no evidence remaining of the burn in a few days.

I have told many of this remedy, but never heard of their success or failure. This may be useful to many a young practitioner. Properly used it is a wonderful remedy.

Yours fraternally,

Llewellyn B. Richards,
Lewisport, N. Y.

"S. O. S."

84 Holland Park, London, W.

To The Journal of the American Institute of Homœopathy:

Read on pages 17-23 B. M. J. for January 3, 1914, a splendid article on the "Teaching of Clinical Medicine" by Dr. James Mackenzie, who is well known as a heart specialist of the first rank, and you will be struck with much there that appears to embody Hahnemann's teachings, together with many criticisms that cannot be laid on the doorstep of any homœopath. It is most refreshing!

Dr. Mackenzie's conclusion, which I want to draw your attention to, is this:

"If clinical medicine is to advance, if it is ever to attain the dignity of a science, a new spirit must be infused into the teaching. Symptoms that have hitherto been ignored, however insignificant, must be investigated.....the little-explored field of the *subjective sensations* must be systematically investigated."

It is encouraging and refreshing to find a man of Mackenzie's stamp paying court and attention to these minutiae, which were an order of the first importance as detailed by Hahnemann just 117 years ago.

Dr. Mackenzie's paper is written as much for the profession as the student, and contains ideal truths (q. v.).

He lays no light hand on his own school's work of this day, and there is much that should strengthen the hand of any flincher without the pale, or those nearing our threshold.

Every homœopath's position must be strengthened by reading that the allopath is now urged to study both subjective and objective symptoms closely: also, "that the whole tendency of recent teaching has been to seek assistance from methods which are useful in other sciences, such as the microscope, x-ray, and other mechanical means. No doubt all these have their places, and are of service, but they are not the essence of clinical medicine. Disease gives rise to many symptoms of a nature that cannot be brought to light by mechanical means."

Whilst the homœopath rightly makes use of all these adjuvant measures, every one of us has turned the scale, and cured cases, by taking heed, as Hahnemann taught, of some strange, unaccountable, and seemingly inconsequential subjective symptoms, hence it is comforting, as I said, to find this emphasized and urged by a man in the forefront of orthodoxy.

Mackenzie says that, "the whole series of subjective pheromena are never investigated, or they are ignored or misunderstood," etc.

He also makes some pertinent remarks on medication as practiced by the orthodox—to-wit:

"I could say without fear of contradiction that not one single drug has been carefully studied so as to understand its full effects on the human system," also, "Drugs are given for some supposed effect, and then little attention is paid to what the result may be. No one is taught how to investigate the action of the simplest remedies." Moreover, "The same curious unreasoning belief (of orthodoxy) in the efficacy of remedies is as rampant today as ever, and this is entirely the outcome of the clinical teaching, for the "faith" in remedies, though given by such scientific methods as the hypodermic

syringe, is as simple and trusting as the belief in charms and incantations of a bygone age."

This whole article referred to (13 columns) is most encouraging to any homœopath or would-be enquirer into our methods, who must feel stronger in the position and work of our school. When read in conjunction with the opening line of an article by Sir Wm. Osler (page 10 of the same journal) that "unrest and change are the order of the day" (i. e., with the allopaths) all must redound to the credit of homœopathy, which has not changed in the last 117 years.

One thing worthy of our emulation, is that these writers are not afraid of being frank, which should be a lesson to some of our school, who are known "wobblers."

Homœopathy has that of great worth which should satisfy any one of us, besides which we have the whole field of medical learning which is ours by inheritance, right and actual usage. These words are those which define a homœopathic physician, as adopted by the American Institute of Homœopathy. Our position therefore is not sectarian.

It is vanity of vanities to flirt with untried or half tried measures ushered in by orthodoxy or the huge advertisements of their enterprising pharmaceutical chemists.

Collateral sciences have put their sign manual on homœopathy, therefore, taken in conjunction with Dr. Mackenzie's utterances, and not forgetting what Wright von Behring and others have said, let us feel refreshed by this veering wind of orthodoxy, and pay more attention to subjective symptoms, and study the proper differentiations of remedies in order to "S. O. S."

Yours truly,

E. Petrie Hoyle.

Response of the Seniors.

The following replies of the Seniors to the question, "What has made membership in the Institute worth while?", were received too late for the June number:

L. C. Grosvenor: Professional *esprit de corps.*

Sayer Hasbrouck: My membership in the American Institute of Homœopathy has been worth while in that thus as a member I have aided in perpetuating an organization that, regardless of creed, has maintained *esprit de corps* of medical ethics. I am proud of being a member. Self-respect fortifies one to fight for principles. The Institute has lived long and honorably.

A. K. Crawford: Just being a member of the Institute is a great educator. It has been of inestimable value in my affilia-

tion with other organizations less learned individually and less foolish *en masse.*

E. V. Van Norman: Age creepeth on, and I am no more in the active work. But homœopathy, and the principle thereof, is as dear to my heart as it ever was. May God in His infinite wisdom bless each and all of the veterans.

W. J. Hawkes: First, because those annual meetings pleasantly renewed "auld acquaintance," and enabled me to hobnob with such old friends as, for instance, J. H. McClelland, one lamentable colleague who was my classmate in old Hahnemann of Philadelphia, in 1866; and Charley Walton—the only Walton—whom I have known for forty-six years; and many others.

Second: Those meetings always taught me something valuable, and—

Third: I always left these meetings of the bright-lights of our school with increased self-respect, and greater confidence in and love for the science of therapeutics.

H. R. Stout: Having been a member of the Institute since 1882, and having attended most of the meetings since becoming a member, I feel that I am in a position to judge of what if any benefit it is to be a member. Having attended most of the meetings would indicate to some extent, at least, that I experienced both pleasure and benefit in attending. This certainly is true. I am confident that I have been more successful in treating my patients from the knowledge I have gained both through the papers read, and the heart-to-heart talks with other members.

It has been my observation that it is the busy men in the profession who attend the meetings. They make a temporary sacrifice to receive a permanent benefit.

Millie J. Chapman: Membership in the American Institute of Homœopathy has made my professional life greater because of the acquaintance of the great men and women I've met at its sessions, has given me greater confidence of my patrons, has increased my practice by patients sent by physicians in distant cities, has given me a broader, deeper view of human living.

J. K. Warren: First, satisfaction in being of service; second, professional association.

C. B. Kinyon: After thirty-four years of experience in the Institute I have very decided views as to wherein I have been benefited by membership in it. For the first twenty years I attended every session and took part in its deliberations as well as having one or more papers for one or more bureaux.

My greatest help came from meeting the members and exchanging ideas and views on the various topics that came up.

In this way we became acquainted and learned to appreciate them at their true value.

About this time (late in the '90's) the Institute became a political machine, or rather was run by a political machine, and of course that soon took all life out of the Institute as far as the scientific work was concerned.

One great help to me came from the yearly volume of the Transactions. Since the JOURNAL has been published I have had very little interest in the Association.

William C. Richardson: The printed JOURNAL has been most valuable and alone has made membership in the Institute worth while.

John L. Moffat: First, The acquaintances, but more particularly the friends, I have made among the members throughout this and other countries.

Second, Each meeting that I have been able to attend was not only an enjoyable week, but an inspiring one that rested me and enriched the storehouse of my memory.

It is more than "worth while" to meet in the flesh distinguished men and women whom one has known only by reputation and by his or her writings.

Third, My membership has proven of marked educational value, through the meetings, the JOURNAL and personal touch with the members.

Fourth, The roll of membership, at my hand, has repeatedly enabled me to recommend to patients and to enquiring doctors a physician in another part of the country in whom they might have confidence. Thus I have many times been able to supply a traveling salesman, or another about to take a trip, with the name and address of a good doctor in each or most of the cities of his or her itinerary. I have had patients referred to me by fellow members in other parts of the country.

O. S. Wood: It is meeting with so many kindred spirits that give us new inspirations.

Alice Burritt: Ein feste Burg for all physicians who will study and find the true remedy for the case they wish to cure.

Thomas Shearer: One of the inspirations of my professional life. The annual meetings were like consultations on a huge scale. Such occasions enable the members to obtain the experience which only so many different minds can produce.

Maria Nye Johnson: What has made Institute membership worth while in my professional life? To find an answer I entered my gallery of memory. There on its walls hung portraits of women and men who have been an inspiration. In 1876 for the first time, I touched hands with Carrol Dunham. We can all say "He was a man." Ad Lippe, the clear-sighted friend; the polished gentleman, Richard Hughes of London; C.

Hering, the father of us all; Dr. Loyier, the woman who made the dissecting room a temple of our Heavenly Father's. All these and others too have helped me in my medical career of forty years.

"Render unto God the things which are God's."

Drs. H. B. Minton, S. P. Graves, Walter Dake and J. W. Le Seur courteously responded without giving a definite reply to the query.

Announcements.

International Homœopathic Council---The Hague, August 6-8, 1914.

E. PETRIE HOYLE

The Executive feel that notable advance has been made in the current year; how much has been done will be told and reviewed in the Assembly at The Hague. Communications have come to us from many countries that this international work is making its mark on homœopathy! The delegates may rest assured that they are making history for our cause! and therefore we invite your society to send delegates, in proportion to the above enumeration, and that some delegates will be forthcoming who will make some sacrifice, if necessary, in order to attend.

Such delegates should at the time of election signify their willingness to attend, even if it entails some sacrifice to represent their country at a distance.

As must be known to all, with deep regret, we have lost our President, Dr. James H. McClelland, through death, but his life work ought only to stimulate others to greater work and sacrifices!

The following is the program issued by the Dutch Homœopathic Society for our reception and entertainment:

August 6th. Morning Session, International Homœopathic Council; Afternoon Session, International Homœopathic Council; 9 to 11 p. m., Official Reception.

August 7th. Morning Session, International Homœopathic Council; Afternoon Excursion and full Official Reception (it is expected) by the Municipality at Rotterdam; Evening Session, International Homœopathic Council.

August 8th. Morning Session, International Homœopathic Council; Afternoon Session, International Homœopathic Council; Evening, Banquet given by the Dutch Homœopathic Society.

August 9th. Visit to the new Homœopathic Hospital at Utrecht. This has cost over £15,000.

Dr. Tuinzing of Haringvliet 26, Rotterdam, is the Honorable Secretary of the Assembly for the Dutch Society.

Dr. J. N. Voorhoeve of Regentesselaam 27, The Hague, will arrange accommodation for any Delegate, or visitor, if such will give him an idea what priced room is required in The Hague.

Dr. Tuinzing, on behalf of his Colleagues, begs that any Delegate will give early notification of his expected attendance, in order to facilitate arrangements of the Dutch Society. So please write him or me. Allowances of course will be made for unavoidable change of plans, inseparable from professional life.

General News.

Alabama. Dr. Duffield of Huntsville sends to the JOURNAL a picture of "the doctor at work," and bespeaks the attention of the young practitioner to the opportunities in the South for building up a practice and home.

California. Dr. Manning, notwithstanding the extraordinary burdens of the year, provided a full program for the state meeting in the Yosemite Valley. The camp life feature made the meeting a veritable holiday. The program in detail is given under Society Programs.

Dr. Ward in behalf of the Institute enrolled his graduating class in active membership.

Illinois. Dr. Cobb is again Chief of Staff at the *Daily News* Sanitarium. An attending staff of ten physicians give their service, two on service for a fortnight each. The resident corps, under Dr. Barstow as superintendent, comprises four internes. Head Nurse Leonard, four nurses and two orderlies.

The Chicago Tribune for years has been a distributor of free ice to the poor of Chicago. This summer, the Consumers' Company offers to give ice to the destitute, upon the presentation of a certificate signed by a physician, passing upon the actual necessity of the applicant.

These humanitarian efforts to take care of the sick are in marked contrast to the action of the county board which is holding up the pay of the nurses at Cook County Hospital on a legal technicality, although the money is in the treasury and the work has been done. The partisan politicians on the county board are making an unenviable record for themselves.

The officers of the Englewood Society are Dr. Ernest Cadwell, president; Dr. Della MacMullen, secretary. This energetic society keeps open house all summer and promises that meetings shall begin "promptly at 8:30."

Dr. Gordon reports that every one of the graduates of Hahnemann this year has accepted the invitation of the Institute to membership.

The social success of the annual meeting of the Alumni Association of Hahnemann was assured when the announcement was made of Dr. Fellows as toastmaster and Dr. Wieland as orator. The officers for the ensuing year: Dr. C. H. Cogswell, Cedar Rapids, Ia., president; Dr. W. E. Neiberger, Bloomington, Ill., and Dr. Julia Strawn, Chicago, vice-presidents; Dr. R. A. Melendy, Chicago, treasurer; Dr. W. E. Boynton, Chicago, secretary; Dr. P. M. Cliver, Chicago, necrologist. The official report is given under Society Programs. The treasurer's report of having raised over $5,000 is a matter of congratulation.

The Chicago Health Bulletin presents a concise statement from the U. S. Census report. Of the seven largest cities the death rate ran as follows: the lowest general rate was held by Cleveland, the highest by Detroit; the lowest under one year, St. Louis, the highest, Detroit; the lowest in diphtheria, Boston, the highest, Detroit; the lowest in pneumonia, Philadelphia, the highest, Detroit; the lowest in typhoid, New York, the highest, Detroit. Detroit, as seventh in size, has not had as much time to work out her sanitary problems as the larger municipalities have done.

The Society of Homœopathicians elected Dr. G. E. Dienst, Aurora, president; Dr. Julia Loos, vice-president; Dr. Mary Lewis, Philadelphia, secretary, and Dr. George H. Thacher, Philadelphia, treasurer.

Massachusetts. The Faculty of Boston University School of Medicine gave a reception to the graduating class of 1914, on June 1.

The statement published by the Finance Committee of Boston University School of Medicine announces the raising of the required $50,000 which secures to the school another $50,000 from the trustees of the University. It has been a strenuous two years. From a list of over eight hundred alumni, whose addresses are known, over two hundred have subscribed to the permanent endowment fund.

Dr. Frank Patch announces the opening of the Woodside Tents for the summer recuperation of such patients as love the open and are not averse to out-door simplicity.

Dr. Marion Coon announces the opening of her summer camp for girls among the hills of southern Vermont; a free

life for ten weeks in gymnasium clothes, tenting, tramping, swimming under careful supervision.

Michigan. The officers of the Michigan State Society for 1914-15 are: President, Claude A. Burrett, Ann Arbor, Mich.; first vice-president, L. N. Tuttle, Holland, Mich.; second vice-president, F. J. Thornburg, Alma, Mich.; general secretary, A. B. Smith, Grand Rapids, Mich.; corresponding secretary, Leon J. Gibson, Saginaw, Mich.; treasurer, W. G. Patterson, Detroit, Mich.; necrologist, W. M. Bailey, Detroit, Mich.

In the readjustment of the department of surgery in consequence upon the resignation of Dr. Dean T. Smith, the Board of Regents appointed Dr. Burrett, Professor of Surgery.

Ohio. The Golden Jubilee in Ohio is reported in detail under Society Programs. The state is a good example of what one or two thriving medical schools will do for therapeutic activity.

Dr. Romeo O. Keiser, Columbus, for a number of years the very efficient secretary of the society, was promoted to be its head. As President Keiser, we see great things in his future handling of our interests. His brother, Dr. J. G. Keiser, was made secretary.

Dr. T. T. Church, Salem, was of course elected again as treasurer. His report showing eight hundred and fifty dollars in the treasury and all bills paid was a great one.

The graduating class at Cleveland, Pulte, numbered 11.

Missouri. The officers of the State Society are: President, Thomas Howard Hudson, Kansas City; first vice-president, H. E. Young, Kansas City; second vice-president, T. H. Winans, Mexico; general secretary, Moses T. Runnels, Kansas City; provisional secretary, L. T. Armet, St. Louis; treasurer, J. F. Brooke, Kansas City.

New Hampshire. Dr. B. C. Woodbury, secretary of the State Society, reports the chief feature of their program to have been the addresses on psychotherapy by Drs. Frank Richardson and Arthur Ring. Dinner was served at Laconia Tavern on the shore of Winnipesaukee.

New York. The New York Homœopathic College registers the largest number of matriculants—344—in any of the homœopathic schools, and second only to Bellevue in the state of New York. The graduating class numbered 43.

The monthly Bulletin of the State Department of Health is School Principals' Number. The section on Water Supply and Toilet Facilities should be on the desk of every school teacher in the country districts. The intelligent tax payers in rural districts could remedy the present disgraceful, insani-

tary toilet arrangements for country schools by insisting that public money be spent to renovate this present nuisance and to hire teachers who will maintain clean out-houses.

Dr. Joseph H. Fobes, who is doing exclusive work in Surgery and Gynecology received the degree F. A. C. S. from the American College of Surgery in June. From the Institute the Doctor goes to his summer home, Brighton Avenue, Spring Lake Beach, N. J. During the summer, patients will be received on Tuesday and Thursday or by special appointment at the New York office at 1 W. 68th St.

Pennsylvania. Hahnemann of Philadelphia graduated 14 students. The president of the board of trustees made a brief presentation address June 4. The loyal sons of Old Hahnemann made merry at the alumni banquet at the Bellevue-Stratford. Dr. L. T. Ashcraft acted as toastmaster and among the many noted speakers were: Hon. George B. Orlady, of the Superior Court of Pennsylvania; Mr. H. G. Murray, secretary of the Graduate Council of Princeton University; Mr. Martin G. Brumbaugh, superintendent of Public Education; and Dr. D. P. Gerberich, president of the Alumni Association. The attendance at this dinner broke all previous records, and the event was the largest and most successful ever held. The committee in charge was Dr. J. D. Elliott, chairman; Dr. J. A. Fisher and Dr. H. P. Leopold.

The Providence General Homœopathic Hospital is a new property lying between Germantown and Roxborough. As its name indicates, its purpose is that of a general hospital. The private rooms will be open to patients free to select their school of practice. The free wards will be under the care of the homœopathic staff. The officers are: President, Dr. Mary Davis Ridgway, of No. 5348 Wayne avenue, Germantown; first vice-president, Dr. Antoinette E. C. Russell; second vice-president, Mrs. Thomas Greaves; secretary, Miss Maude Haines; treasurer, Miss Helen Hurlburt; manager, Andrew Simons.

The trustees of the Pittsburgh Homœopathic Hospital graduated their usual class of nurses in May at Christ Methodist Episcopal Church.

Mr. and Mrs. Henry W. Shaffer, Hazleton, Pa., announce the marriage of their daughter, Bessie Belle, to Dr. George William Krick, of Reading.

Every member of the graduating class of Hahnemann received an appointment as hospital interne. Only eight of the sixteen graduates were from the state of Pennsylvania.

The Class of 1904 celebrated its tenth anniversary by a sail on the Delaware in the private yacht of Dr. Nelson Hammond and Dr. G. Harlan Wells.

The Class of 1909 held a reunion banquet at the Hotel Walton, at which Dr. W. H. Bennet, of Holmesburg, Pa., acted as toastmaster.

Wisconsin. The State Society elected Dr. Minnie Hopkins, of Oconto, and Dr. E. W. Beebe, of Milwaukee, delegates to the Institute. The officers for the coming year are: President, F. T. Clark, Waupun; vice-president, S. W. Murphy, Kenosha; secretary, Minnie M. Hopkins, Oconto; treasurer, Frank E. Brown, Milwaukee.

Bermuda. Dr. Sayer Hasbrouck, a member of the Institute since 1887, writes thus of those islands of the sea: "You who have nervous patients or convalescents make no mistake in sending them here. They who wish to break the monotony of life will find they have opportunity here. Assure them one and all to call on me, and I will do all I can to aid them or their physicians."

England. Dr. Burford and Dr. Neatby who will be remembered by all who were at the 1905 session at Atlantic City appear on the monthly program of the British Homœopathic Society.

Mrs. Caird of Queen's Gate Place, entertained her friends in May by presenting the secretary of the International Homœopathic Council, Dr. Petrie Hoyle, who presented, as is his wont, the triumphs of homœopathic organizations and therapeutics.

Change of Address.

From Membership List in Journal, November, 1913.

	Moved to
Agramonte, G. E.	Linea No. 127 Vedado, Habana, Cuba.
Allen, Sarah J.	Cove Goodwin Hotel, Cassopolis, Mich.
Barker, C. F.	321 6th Ave. So., St. Petersburg, Fla.
Brown, Amy E.	1305 Troost St., Kansas City, Mo.
Burnite, J. T.	1224 N. 3rd St., Harrisburg, Pa.
Castle, Catherine W.	Arcade Hotel, Springfield, O.
Cowperthwaite, A. C.	316 S. Broadway, Los Angeles, Cal.
Crooks, N. P.	Merchants Nat. Bk. Bldg., San Francisco, Cal.
Crooks, W. A.	305 Robinson Bldg., Rock Island, Ill.
Diebel, W. H.	407 Burns Ave., Detroit, Mich.
Dieffenbach, Wm. H.	256 W. 57th St., New York, N. Y.
Drury, Alfred	First Natl. Bk. Bldg., Princeton, N. J.
Fellows, C. Gurnee	30 N. Michigan Ave., Chicago, Ill.
Ganow, Geo. J.	Norwich, N. Y.

Goodridge, Hannah .....709 G. C. Blk. Bldg., San Jose, Cal.
Green, C. L.....2311 Delancey St., Philadelphia, Pa.
Harpel, Wm. F.....6070 Stoney Island Ave., Chicago, Ill.
Harvey, Clifford D.....64 Center St., Bangor, Maine.
Hastings, W. S.....Cuero, Texas.
Hatch, Alice H.....522 Good Blk., Des Moines, Ia.
Haywood, J. F.....412 West Ave., Rochester, N. Y.
Hedges, S. P.....830 N. LaSalle Ave., Chicago, Ill.
Henry, L. S.....608 E. Genesee Ave., Syracuse, N. Y.
Hollister, Frederick K....Easthampton, L. I.
Johnson, M. C.....338 Wyoming Ave., Kingston, Pa.
Kergan, J. Theo.....216 Lake Shore Blvd., Oakland, Cal
Krick, Geo. W.....827 N. 5th St., Reading, Pa.
Lanning, W. S.....Pattenberg, N. J.
Ley, Chas. A.....929 Maryland Ave., Pittsburgh, Pa.
Martinson, Hannah.....St. Helena, Cal.
Meng, W. L.....Belleville, Ill.
Metzger, I. D.....2nd Nat. Bk. Bldg., Pittsburgh, Pa.
Mitchell, Clifford .....25 E. Washington St., Chicago, Ill.
Nair, I. P.....Winnebago, Wis.
Nedden, F. Zur.....373 34th St., Milwaukee, Wis.
Ostrom, H. I.....Waquoit, Mass.
Peyton, Dora W.....Collins, Mont.
Phillips, Lincoln .....2355 Park Ave., Cincinnati, O.
Poppele, C. F.....904 W. Main St., Decatur, Ill.
Rowland, W. D.....Franklin Bldg., Asbury Park, N. J.
Royal, Geo.....320 Good Blk., Des Moines, Ia.
Sayre, C. Edward.....6438 Drexel Ave., Chicago, Ill.
Sherman, N. B.....Plainwell, Mich.
Smith, Frank A.....Buda, Bureau Co., Ill.
Sprague, E. Russell.....608 E. Genesee St., Syracuse, N. Y.
Spranger, Michael J.....398 E. Jefferson St., Detroit, Mich.
Stinnette, S. E.....2814 Groveland Ave., Chicago, Ill.
Stoaks, Frank E.....Spring Hill, Ia.
Stone, S. R.....716 Hurt Bldg., Atlanta, Ga.
Stone, W. H.....R. F. D. No. 7, Attleboro, Mass.
Strong, E. R.....Industry, Ill.
Thudichum, C. L.....412 Owl Drug Bldg., San Diego, Cal.
Van Hyning, Homer B...Otsego, Mich.
Walo, Theresa J.....3713 Olive St., St. Louis, Mo.
Waters, Moses H.....314 R. D., Bldg., Terre Haute, Ind.

Society Programs.

California. The State Society, camping in the Yosemite, offered the following papers:

"Venoperitoneostomy," E. R. Bryant, San Francisco; "Report of Cæsarian Section of Unusual Interest," Florence N. Ward, San Francisco; "Fractures," J. T. Watkins, San Francisco; "Pus Appendices," J. H. Kirkpatrick, Los Angeles; "Some Statistics of the State Board of Examiners," Charles B. Pinkham, San Francisco; "Medical Education Advancement," James W. Ward, San Francisco; "The Present Medical Practice Act from an Educational Standpoint," L. P. Crutcher, Long Beach; "Medical Teaching," Joseph S. Brooks, San Francisco; "Comparative Standards in Medical Licensure in the United States," Edgar H. Howell, San Francisco; "Legislative Campaign for 1915," Charles L. Tisdale, Alameda; "Deaths at or Near Birth," H. A. Atwood, Riverside; "Feeding of Infants and Children," G. L. Long Fresno; "The Operative Cure of Tuberculous Disease of the Spine," J. T. Watkins, San Francisco; "Public Health," Anna Dewey Chapin, Los Angeles; "Hygienic Medical Fraternalism," M. L. Kendall, Ocean Park; "The Relation Between Physician and Health Department," Guy E. Manning, San Francisco; "The Sanitary and Medical Consideration of the Smoke Problem," Edgar R. Bryant, San Francisco; "Pain," C. F. Clark, Woodland; "Vincent's Angina with Report of Case," James T. Martin, Sacramento; "Problems Relating to the Treatment of Diseases of the Eye, Ear, Nose and Throat as they Confront the General Practitioner," L. K. Van Allen, Ukiah; H. F. Bishop, Alhambra; Harry A. Watts, Sacramento; "Malignant Neoplasms of the Breast, with Reference to Post-operative Treatment," H. J. Wright, San Francisco; "Present Status of Radium Therapy," A. C. Cowperthwaite, Los Angeles; "Dietl's Crisis," W. H. Stiles, San Bernardino; "Typhoid Fever Followed by Insular Sclerosis," L. Carl Smith, Madeline; "Clinical Experiences," C. F. Clark, Woodland; "Psychology of Medicine," A. T. Noe, Pacific Grove; "Homœopathic Prescriptions," Willella Howe Waffle, Santa Ana.

The Society of the Homœopathicians. Reported by W. W. Sherwood. The following papers were presented:

1. Hysteria of Eugenics.....Hugo, Abt, Chicago
2. Eugenics.....H. W. Pierson, Chicago
3. Homœopathy.....A. W. McDonough, What Cheer, Iowa
4. Psorinum.....S. J. Henderson, Bad Axe, Michigan
5. Tuberculinum.....Geo. H. Thacher, Philadelphia
6. Natrum Carbonicum.....G. E. Dienst, Aurora
7. Calcarea Silicata.....Elmer Schwartz, Chicago
8. The Art of Selecting the Curative Remedy.....
   .....G. E. Dienst, Aurora
9. The Birth of the Repertory.....Clara Louise Kent, Chicago
10. Brief Repertory Work.....Julia C. Loos, Pittsburgh

11. The Repertory.....A. W. McDonough, What Cheer
12. The Repertory, its Use and Abuse.....Elmer Schwartz, Chicago
13. Why the Repertory Fails.....Geo. H. Thacher, Philadelphia
14. Eczema Capitas Inveterata.....G. E. Dienst, Aurora
15. Case Reports.....G. A. Almfelt, Chicago
16. The Gall Bladder Patient.....Glen I. Bidwell, Rochester
17. Natrum Muriaticum and Rheumatism.....
.....A. W. McDonough, What Cheer

Illinois. Hahnemann Alumni. Reported by Dr. W. D. E. Boynton.

The annual meeting of the Alumni Association of Hahnemann College was held at the Hotel LaSalle on the evening of Wednesday, May 27, and despite the inclemency of the weather was well attended. Following the method of the preceding year, the meeting opened with a six o'clock banquet at which the graduating class were the guests of the Association. Following the banquet and while the guests were still seated at the tables, a brief business meeting was held and the official business of the Association transacted. In absence of the president, Dr. A. A. Whipple, the first vice-president, Dr. C. H. Cogswell, presided at the banquet and at the business meeting and gave evidence that the older members of the Association pride themselves in keeping a high standard of efficiency that the younger men may well observe and strive to attain. The report of the Endowment Committee, given by Dr. Gordon, was especially encouraging and manifests the earnest effort and tangible results that characterize the labors of its members. Dr. Melendy's report as treasurer of the Association was also a source of satisfaction and congratulation, showing a balance on hand to the Association's credit of $2,000.00 after having turned over to the College $3,000.00 and caring for its own current expenses.

The report of the Necrologist, Dr. Mitchell, showed that since the last meeting, seventeen of the Association's members have crossed the Great Divide, where Eternal Justice metes out the reward for conscientious service too often unappreciated and ignored by man.

Following the transaction of business the meeting was turned over to the toastmaster, Dr. C. G. Fellows, and a very pleasant entertainment followed. The address of welcome to the graduates was given by Dr. J. P. Cobb of the faculty and responded to by Dr. E. W. Cobb in behalf of the class. While this conjunction of members of the Cobb family was a coincidence, it showed that, though the family might present symptoms of a dyscrasia toward "little pills," there was no evidence of the "hook worm." An address was then given by Dr. Wieland and saying that it was *wielandesque* is sufficient. When a tostmaster announces Dr. Wieland, the audience begins to smile, truly a "smile that won't come off," for though he change from wit to pathos, the heart of the man makes us smile through our tears. This year's meeting left in all present the thought that in the ranks of homœopathy were to be found the cream of the medical profession, physicians of whom it may be truly said, "They are most appreciated and best loved by those who know them best."

Michigan. State Society. Reported by Dr. Claude Burrett.

One of the principal features of the meeting was the session at which Governor Woodbridge N. Ferris delivered a very strong address upon "Public Health and the State." He laid especial emphasis upon the necessity for the betterment of sanitary conditions in the country schools. He also offered a contribution to the sex problem by stating that healthful surroundings, harmless play, good music and books, and fewer problem plays dealing upon this subject were to be desired. President Wilcox and Dr. Sawyer delivered very able addresses.

Dr. C. B. Kinyon, professor of obstetrics and gynecology in the local school, and Dr. Dean T. Smith, professor of surgery and clinical surgery in the same school, performed operations at two Saginaw hospitals during the convention.

Dr. B. S. Partride of this city delivered an address on "The Realm of Electro-Therapeutics."

Missouri Institute of Homœopathy. Reported by Dr. Walter Reily. in the language of a local wag, "Things is workin'."

New York. New York Homœopathic Medical College and Flower Hospital. Reported by Dr. Joseph H. Fobes.

Our annual celebration has grown to the proportion of a Commencement Week. On the 25th of May the Commencement of the Flower Hospital Training School for Nurses was held at 8 p. m. in the College Senior Lecture Room. On the next evening, the 26th, class day exercises in the college.

Our college has registered the largest number of students of any Homœopathic College in the world—344 in number—and next to Bellevue University, the largest number of maltriculants of any medical college in New York State. The present senior class ably upholds the traditions of Alma Mater. The commencement was held in the Engineering Society Hall, 29 West 39th Street, at 8:30 p. m., on May 27th.

But the greatest of all was Alumni Day, with medical and surgical clinics and demonstrations at the College and Hospital from 10 until 1 o'clock. The Trustees entertained at the annual luncheon at 1 o'clock in the Alumni Laboratory. At 2 o'clock the annual business meeting was held in the Junior Lecture Room. After the meeting and before the dinner was an opportunity to inspect the finest private hospital building in New York City now fully completed and in running order. Toastmaster Dowling presided at the Alumni banquet. Dean Copeland and the Trustees reported on the College.

Ohio. Reported by J. Richey Horner.

It was the Golden Jubilee of the Ohio State Homœopathic Medical Society. Fifty years ago the first meeting was held and each year except three, in 1876, the centennial year, 1893, the Chicago exposition year, and 1902, when the Institute met at Cleveland, the society has had a meeting. Today it is one of the livest and liveliest of them all with its membership of 330 live wires.

As had been anticipated, the present session held May 11 and 12 at Columbus was a fine one. It was well attended, interesting and

effective. From abroad came President Wilcox of the Institute (he has been an honorary member for a number of years), Dr. Stillman Bailey from Chicago, Editor Dewey from Ann Arbor, and other lights Dr. Carpenter welcomed us to his home city and Dr. Siemon responded.

The Secretary in his report dealt with three important subjects. He referred to the status of the State University in regard to providing for a homœopathic department. Nothing definite can be reported as yet. He urged more stringent laws relating to the practice of medicine in the state. He urged that all members of the state society should be compelled to become members of the Institute. This latter is to be placed as a special thing in the hands of a committee of three.

In his report for the committee on Education, Dr. H. H. Baxter also laid an especial emphasis on the State University matter, but no definite action was taken. The proposition was freely discussed, Drs. W. A. Dewey, C. E. Sawyer and W. H. Phillips taking active part. There is an equity of some thirty thousand dollars in the Cleveland property which it is proposed to turn over to the state for the purpose of building a homœopathic hospital on the campus of the University at Columbus. Dr. Phillips proposed instead that the fund should be invested and used for providing scholarships for students in homœopathic colleges.

Dr. H. E. Beebe, necrologist, reported the death of four members of the society and seven other homœopathic physicians in the state who were not members.

The president's address was a strong plea for a more vigorous homœopathy. He discussed the relative position of the two schools of medicine. His address was a strong one and showed that his heart is in the fight to keep homœopathy in the front. And by the way, this president, whom we have neglected to say was Dr. Frank Webster of Dayton, is in the third or perhaps the fourth generation of the name who has upheld our school in Dayton. His ancestors for many years have occupied the same high place he holds in the estimation of the residents of that thriving city.

Of the program much might be said were the space available. There were thirty-seven papers listed and twenty-two of these were presented by members present. The balance were noticeable for their absence.

Noticeable among the papers presented was that of President Wilcox of the Institute. It was a masterly exposition of homœopathy and a clear enunciation of its principles. It dealt with the things which show that the law of similars has a firm foundation and that this is being acknowledged rapidly by the leaders in the scientific world of the day. The Ohio society was the first on his itinerary, and we are sure that the others also will be the stronger for his presence.

Another interesting event was the presentation of the work being done by the state for the blind. This was finely put before the members by Mr. and Mrs. Campbell, the secretaries of the Ohio Com-

mission for the Blind. Many pictures were thrown upon the screen and accompanying them was a running comment. Mrs. Campbell addressed the members, giving in much interesting detail the results of their work. It was a profitable innovation.

Dr. Stillman Bailey discussed radium, showing by many pictures "before and after" treatment. There is surely a wonderful field open to him. We congratulate the society on being privileged to hear him.

Dr. C. D. Collins, Chicago, illustrated a very instructive and valuable paper on things in dermatology one ought to know, by showing some of the best slides we have ever seen. It was indeed a treat to see them.

The balance of the program was made up of papers which contained a lot of instruction and help to all present. It was really about the best meeting we have attended. The discussions were fine and prompt and brought out the points which needed emphasis.

The social end of the meeting was well cared for by the members of the Columbus profession and their wives. The dinner given on the evening of the first day was fine. It was honored by the presence of Governor Cox and Dr. W. O. Thompson, president of the Ohio State University. Both made addresses, and these were the best ever. They had an enthusiastic set of hearers. Dr. Willcox did a little talk, told a few funny stories and delivered himself of a big boost for the Institute. Over two hundred attended this function.

The attendance was more than the average. Some forty new members joined. Altogether those in attendance can say it was good to have been there.

Cleveland Medical Society. Reported by Dr. Gertrude Meck. The program of the final meeting of the season included a discussion of legislative matters and two papers: Comparative Study of Drugs by Dr. G. W. Spencer, and Therapeutics by Dr. J. E. Rowland.

Pennsylvania. Alumni Association of Hahnemann. Reported by Benj. K. Fletcher. On June 4th the sons of Old Hahnemann foregathered to renew old friendships and to revive memories of college days. Only those who attend appreciate the pleasure of meeting the chums of the past and of recalling the incidents of student days. The commencement exercises were at the Garrick Theater, the annual meeting of the alumni at the College and the banquet at the Bellevue-Stratford.

Additional report by Dr. Ralph Bernstein. The following is the list of the class of 1914: Edgar Maule Blew, Bridgeton, N. J.; E. R. Bowie, Uniontown, Pa.; E. R. Hunter, Delanco, N. J.; E. T. Jones, St. Clair, Pa.; F. T. Krusen, Norristown, Pa.; A. N. K. Maldies, Camden, N. J.; C. A. Mentzer, Waynesboro, Pa.; A. A. Perkins, Norfolk, Va.; C. I. Pratt, Coatesville, Pa.; H. T. Ryan, Philadelphia, Pa.; H. L. Shaffer, Latrobe, Pa.; A. T. Walter, Easton, Pa.; H. B. Warriner, St. Johns, N. B.; L. B. Yerger, Wilmington, Del.

Papers given in various societies:

The Clinico-Pathologic Society of Philadelphia:

Calcareous Degeneration of the Eyelids.....F. O. Nagle
The X-Ray Diagnosis of Gastric and Duodenal Ulcer.....J. W. Frank
Two Interesting Polygraphs.....W. C. Hunsicker

The Society of Surgery, Gynecology and Obstetrics:

Some Experiments with Radium.....F. C. Benson, Jr.
Surgical Hodge-Podge (lantern demonstrations).....H. L. Northrop

The Germantown Medical:

Abdominal Affections.....Clarence Bartlett

County of Philadelphia. A Symposium on Homœopathic Therapeutics:

General Surgical Practice.....H. L. Northrop
Eye, Ear, Nose and Throat.....G. W. McKenzie
Gynecological Practice.....Norman Betts
Skin Diseases.....E. M. Gramm
Nervous and Mental Diseases.....Weston D. Bayley
Pediatrics.....C. S. Raue
Obstetrical Practice.....J. E. James
Viewed by a Pathologist.....S. W. Sappington
Genito-Urinary Diseases.....L. T. Ashcraft

Oxford:

The Evolution of Sanitation.....Edward M. Gramm

Women's Homœopathic:

Hysteria.....Mary Branson

Delaware County:

Acute Heart Conditions.....Ernest L. Clark

Women's Homœopathic of Pittsburgh:

Liver, Spleen and Pancreas in Children.....Dr. Helen Walker

The Wisconsin Homœopathic Medical Society. Reported by Drs. Belle Nair, Secretary 1913-14, and Minnie M. Hopkins, Secretary 1914-15.

The fiftieth annual meeting of the Wisconsin Homœopathic Medical Society was held at Hotel Pfister, Milwaukee, May 21st and 22nd. It was indeed a golden anniversary. The papers, without exception, were alive, showing personal interest and knowledge along lines of present day scientific research, and its adaptation to homœopathy. The meeting was given added impetus by the presence of Dr. DeWitt G. Wilcox. His address on "The Renaissanse of Homœopathy" won much applause from his hearers, and awoke an answering chord in their hearts, creating a desire to be better homœopaths, better followers of the foremost man in research of his day—Samuel Habnemann. The society has elected a strong corps of officers for the coming year, and these mean to write the name of Wisconsin homœopathy in a higher rank than ever before. The slogan is "Every homœopath in the state a member of our society, and every member a booster for the society."

The following papers were presented:

Tuberculosis, Minnie Hopkins; Pediatric Points, Rhoda Barstow; Prevention of Infectious Diseases in Children, Mary Cornell; Rheumatism and Neuritis, David Runnels, A. L. Blackwood, George H. Ripley, F. A. Walters, T. F. Clark; Infections, C. E. Nystrum; Subphrenic Abscess, S. W. Murphy; Sarcoma of Mesentery, D. S. Runnels; Stone in the Kidney, George H. Ripley; Pituitrin in Obstetrics, W. T. Clark; The Perineum, H. E. Johnston; Vaginal Relaxation, W. R. Keller; Prolapsus Uteri, John F. Schneider; The Gentle Art of Malignering, A. J. Provost.

Clinical Comment.

Current Opinion (May, 1914) comments on "The Paradox of Poison" and cites Roux (Paris) announcement that certain bacterial poisons act more vigorously when diluted with one hundred times their volume of distilled water.

Mental Deviation.—The general principles underlying the conduct of the mental deviation problem are chiefly prophylaxis, mental hygiene and education.

Prophylaxis is, of course, the greatest hope for social preservation against the ever increasing psychoneuroses. Such prophylaxis must start out with an exact knowledge of the numerous causes which may develop these maladies, and methods of pointing out and disseminating a knowledge of how to avoid these causes.

The effort at discovery and elimination of the psychic causes of nervous and mental diseases by workers in those fields is no less important than that of the laboratory worker in his search for virulent micro-organisms and immunizing sera. *N. E. Med. Gaz., May, 1913.*

Deportation of the Unfit.—Congress should amend the Immigration Law in the matter of the time within which deportation can be made. The present limit is three years, but this period is too short and should be increased to five years, the time which must elapse before an alien can become a citizen of the United States. An alien who is incurably defective, or a confirmed criminal, should be deportable at any time after arrival but subject to the discretion of the public authorities when he has lived in the United States more than five years. This would relieve the overcrowded condition in our asylums, hospitals and prisons and ultimately reduce the heavy burden now imposed upon the various state treasuries.

N. A. Jour. of Hom., June, 1914.

Perforating Duodenal Ulcer with Reference to Pain in Left Shoulder as a Symptom.—Recently there has been much written in the magazines regarding this condition. Formerly it referred to gastric ulcer but of late the lime light has been directed to the duodenum. One thing has impressed me very forcibly in four of the cases which I am reporting and of which I have not seen reference in any literature at my command. It is a pain referred to the left shoulder; not in the upper left side or the back, or upper chest, which is often seen in ulcers on posterior surface of stomach and other conditions, but in the shoulder proper.

I think this symptom is present very often but our attention is centered on the belly and we simply accept it as a referred pain to the chest, which is common in upper-belly conditions, and have not suspected or inquired in regard to it. It would hardly be a coincidence to find this symptom in four successive cases, such has occurred in my small series.

Mathews, Northwest Medicine, April, 1914.

Size and Repetition of the Dose.—Claude Bernard discovered that the action of drugs upon the sick does not vary from their action when given to those in health.

Hippocrates stated that what causes dysuria will cure it.

Hahnemann proved that, according to the doses, a drug has two actions: a primary and a secondary. He relied merely upon experiments performed upon man, to convince him of this! Will not some lover of science, some day, challenge this limitation?

The provings of drugs upon man have established the homœopathic materia medica, which is but the panorama, or the graphic reproduction of the ills to which mankind is heir.

Who of us, at the bedside, has not found belladonna, lachesis, sulphur or arsenicum confronting us? Did we not recognize them because we had seen their pictures in the materia medica?

We can make an opium case by feeding one opium. But how shall opium cure a case that closely resembles the opium of our materia medica?

This is the *pons asinorum* where dull allopathy always breaks her neck. Yet it is so simple to understand how!

If a patient present the counterpart of opium, and we give him large, or repeated, doses of that drug we shall aggravate his symptoms, but

If we use the attenuated, or potentized, dose, we correct his troubles with opium.

Hence we say: the potentized has the opposite virtues of the crude drug.

The energy of any given disease expends its action upon the sick, and the sick answers to it by reaction.

The reaction of the individual, if greater than the dynamic action of the disease, leads him back to health; if weaker, the sick must die, and then the orderly vital force turns the bodily estate over to its conqueror.

Delmas, Med. Cent., April, 1914.

The Management of High Blood Pressure.—The systematic use of the sphygmomanometer has shown us that:

First. The treatment of a large percentage of all cases after forty years, from any cause, must include the treatment of arteriosclerosis.

Second. The sphygmomanometer has also shown us the futility of depending alone upon the arterial depressors.

Third. That a certain percentage of cases in order to carry on their metabolism, even imperfectly, must maintain a relatively high tension, and it may be our greatest duty to aid them in sustaining this.

Fourth. That (in the writer's opinion) the treatment of arteriosclerosis is the treatment of chronic interstitial nephritis.

Rice, N. Y. State Jour. of Med., April, 1914.

Rectal Prolapse and Constipation.—The symptom *relief from violent exercise* is a keynote of sepia. It is found not only under cardiac and rectal symptoms, but it is general.

Keynotes are invaluable as pointers. When corroborated by the totality of symptoms, reliance may be placed upon them and they will not prove disappointing.

Beridge, Homœopathician, February-March, 1914.

Tuberculosis and London Child.—The lacunæ in these notes are only too many, and too obvious. But some of them at least are intentional. I have purposely made no reference to the peritoneal, the pleuritic, the meningeal, and the many other manifestations of tuberculosis met with in childhood, and, lamentably, seen so often, at our out-patient departments. For, even at the risk of appearing to exaggerate the importance of one aspect of a great problem, or series of problems, I have tried to insist on the prime necessity of recognizing, clinically, as well as pathologically, that the part played by the lymphatic glands in the defence against invasion by Koch's bacilli, is for children paramount.

The general practitioner should be encouraged to recognize early enlargement of the tracheo-bronchial glands with no less zest than he would apply to the diagnosis of the secondary symptoms of syphilis. It is certain that as many children suffer, at one time or another, from a lodgment of tubercle bacilli in this or that group of glands, as from measles, or from chicken-pox. That in many cases a recovery is accomplished, perhaps without other aid than a tonic and a holiday does not

relieve us from the duty of exercising the greatest care and circumspection in all cases where tuberculous infection may reasonably be diagnosed or suspected. The care of the child is the root-problem in dealing with tuberculosis. Let us kill the little foxes, for it is they that spoil our vines.

Crookshank, Inter-State Med. Jour., April, 1914.

Needed—A New Human Race.—A Eugenics Registry Office is needed to establish a race of human thoroughbreds. It only takes four generations to make a thoroughbred when the principles of eugenics have a fair chance to operate. Intelligent men and women everywhere throughout the civilized world are becoming aroused to the race significance of these great biologic laws, and are anxious to become informed in relation to eugenics and euthenics, and to conform their lives to the principles of physiologic and biologic righteousness.

Kellogg, Lancet-Clinic, May, 1914.

Points of Agreement or Points of Difference.—Our points of agreement may be taken for granted, but unless we can give a good account of our points of difference, we may well be asked why we keep a special name for our hospitals and dispensaries. Homœopathy is a method of using drugs, and no more; but consider what an extensive and important sphere of action that is! There is hardly a case that cannot be to some extent aided by a well-chosen remedy, even though sometimes no remedy may be *essential* to cure; for the great majority of chronic diseases the practice of homœopathy is a help that can hardly be exaggerated. Let us, therefore, while neither decrying the discoveries of the orthodox, nor vainly vaunting our own, nevertheless show a measured but a full confidence that we do possess weapons of power. Confidence inspires confidence, and we have no cause to do anything but hold our heads high as homœopathists, always provided that we spare no pains to perfect our own knowledge, and are willing at least to consider the possibility that when we fail (as we all sometimes fail), the failure may lie less in the law of Hahnemann, than in our own faulty application of it.

Editorial, Homœopathic World, Jan., 1914.

Wieland on Gonorrheal Rheumatism.—In spite of latter-day tendencies to question any medical thought over twenty-four hours old, it is possible that one Samuel Hahnemann—whose name it is bad form to mention in these Class A, Class B days—was not more than a thousand miles from the truth, when he spoke of the suppression, and hence retention, of gonorrheal virus. He did not know the gonococcus or its toxin, but he knew that if a patient retained the poison of the disease many physical ills would be the result.

In the experience of the writer, there has been no case of gonorrheal rheumatism that did not have retained pus. A search for the source has always revealed the prostate to be the receptacle in the male.

Homœopathic Recorder, April, 1914.

Eugenics, of course, is not a matter for legislation, except of the most simple kind. It is a matter for education. Galton proposed only eugenic certificates issued by a suitable constituted authority to those candidates who chose to apply for them and were able to pass the necessary tests.

It will be safer to leave this question [Eugenics] to education than to the ill-informed representatives of the people in legislature assembled, who stumble when led into new paths.

—*Lancet-Clinic.*

Fresh Plant Tinctures: Broadly speaking, the difference between a homœopathic fresh plant tincture and a fluid extract is that the former is made from the fresh green plant, while the latter is made from the dried, dead substance. The difference may be illustrated by that between the live grape and the raisin, by the difference between a fresh apple and a dried apple, the fresh peach and the dried peach, between fresh beefsteak and dried beef. Some say that it is the alkaloid that acts. Are you sure? Is the action of a juicy apple and a dried apple the same? Can you make wine out of dried grapes? We do not deny that there is a semblance between the action of the fresh, the dried product and the alkaloid, but all must admit that the finer essence is lost in drying. Hence we reason that the true homœopathic *fresh* plant tincture is superior to all others for the skilled prescriber.—*Jottings, Boericke and Tafel.*

English Insurance. As was perfectly apparent from the outset to anyone who had any knowledge of political economy and sociology, the English National Insurance Act is working out splendidly both as concerns the insured and the medical profession. The position of those physicians and surgeons who practice among the industrial classes has been vastly bettered. It is hard to explain the unfortunate and futile opposition of the British Medical Association to the act except on the ground of ineradicable temperamental ultra-conservatism.

—*Lancet-Clinic.*

Melancholia. The most striking feature of this clinical picture is the apprehensive depression. At first sight it resembles the anxieties of a healthy person, and the patient says that he was always rather apprehensive, and has only grown worse. But there is not the least external cause for the apprehension, and yet it has lasted for months with increasing severity. This is the diagnostic sign of its morbidity.—*Kraeplin.*

Dipsomania. The starting point of every attack is a state of depression, a feeling of discomfort and restlessness within, which patients try to escape by drinking. Then, under the influence of alcohol, they pass into a state of excitement, which constantly drives them to fresh drinking, until the attack suddenly comes to an end..... All observed facts make it impossible for clinical reflection to see anything else in dipsomania than one of the manifold varieties of epilepsy.—*Kraeplin.*

The ideal medical society then is a co-operative medical school in which every member is on the faculty and actively teaching..... Discussion will check that intellectual laziness, which comes upon so many of us after a few years, by emulation of the mental energy of others.—*Hawxhurst.*

Ohio State Board Examinations.

June 2-5, 1914.

MATERIA MEDICA AND THERAPEUTICS (HOMŒOPATHIC).

1. Describe the general indications for iris versicolor.
2. Differentiate between apis. mel. and apocynum in dropsical conditions; between nux vomica and ignatia amara in general nervous conditions.
3. What is the dose of spirits of camphor? Give the indications for its use homœopathically.
4. How much morphin would you inject hypodermically in a child under 18 months old?
5. Differentiate the fever symptoms of aconite, belladonna, gelsemium and baptisia.
6. Should digitalis and nux vomica be given at the same time? Give your reason for your answer.
7. Give the homœopathic indications for strophanthus.
8. Differentiate iris, glonoin and gelsemium in headache.
9. Explain how antitoxin causes immunity and effects a cure.
10. When would you apply heat and when cold to a local inflammation?

T. A. McC.

ANATOMY.

1. Describe the right common carotid artery.
2. Give the average size, weight, the cavities, openings, and valves of the heart.
3. How many and what nerves are understood by the term "cranial nerves?"
4. Locate and describe briefly the pancreas.
5. What is the thoracic duct? Where located?

S. H. S.

PHYSIOLOGY.

1. Name three modes of artificial respiration for relieving asphyxia and give complete technic for one.
2. What is meant by intermediate metalbolism and upon what does it depend?
3. In the preparation of a proper diet what general conditions must be observed?
4. Give a general classification of food principles. Discuss disposition of protein principles.
5. Describe the nerve mechanism of urination.
6. Name the portions of the 8th pair of cranial nerves and describe their functions.
7. Describe the mode of secretion and discharge of bile.
8. Describe the establishment of inspiration and adult circulation.

9. What variations of temperature are found in different parts of the body? Give reasons for such variations.
10. What is rigor mortis? State order of its occurrence in different parts of the body. L. E. S.

PATHOLOGY.

1. Explain the process of the formation of adhesions in acute pleurisy.
2. What is the most common pathological condition found in angina pectoris, and give probable causes thereof?
3. What are the pathological conditions in infantile paralysis? In cerebro spinal meningitis?
4. What is the blood picture in typhoid fever? In erysipelas? In tuberculosis? In pneumonia? In chlorosis?
5. What variations from the normal fluid may be found in various diseases by means of a lumbar puncture? Give their diagnostic significance. J. H. J. U.

DIAGNOSIS.

1. In what pathological conditions is cyanosis present?
2. What pathological conditions are capable of producing suppression of urine?
3. Define friction sounds in the thorax and state their pathological significance.
4. What are the physical signs of an abscess of the liver? How can it be differentiated from typhoid fever and from suppurative pleurisy?
5. What are the ultimate effects of valvular defects upon the heart?
6. Describe general diagnostic significance of the appearance of the tongue.
7. What are diagnostic signs of an enlarged thyroid gland?
8. What diagnostic signs are derived from the presence of diarrhoea, and from the appearance of the stools?
9. What diagnostic signs are derived from the presence of facial paralysis?
10. On what principles is Wassermann's test based, and what diagnostic knowledge do you derive from it? A. R.

OBSTETRICS.

1. Describe in detail the management of third stage of labor.
2. Describe the management of a persistent occipitoposterior position.
3. Name some causes of dystocia.
4. What significance should be attached to edema of the lower extremities in the latter months of pregnancy? How manage it?
5. Outline the treatment for puerperal eclampsia. S. M. S.
L. H.

CHEMISTRY.

1. What is the cause of temporary and permanent hardness in water, and state how the same may be removed. (Use equation.) State methods of purifying water for municipal use.
2. Give method of preparation, properties and use of (a) ethyl alcohol; (b) methyl alcohol; (c) amyl alcohol. How would you determine the presence of ethyl alcohol and the percentage in a given liquid? What is "denatured" alcohol?
3. Define (a) alkaloid; (b) glucosid; (c) hydrocarbon.
4. Give the chemistry of respiration.
5. How would you distinguish chemically between urea and uric acid?

S. S.

SURGERY.

1. Give symptoms and treatment of luxation of the elbow joint with special reference to the prevention of ankylosis.
2. What are the symptoms when the ulnar nerve has been divided on a level with the pisiform bone?
3. How would you treat a case of fracture through the symphysis pubis with a rupture of the urethra?
4. Describe a complete indirect inguinal hernia. What are the symptoms of strangulation?
5. Name five of the principal complications of gonorrheal urethritis in the male.

T. A. McC.

MATERIA MEDICA AND THERAPEUTICS (REGULAR).

1. What is the source of belladonna? Name its official preparations and principal alkaloid, giving the dose of each. Describe physiological action and give therapeutic uses of the drug.
2. Name the chief salicylates. Give use and dose of each.
3. What are antiseptic remedies? Name three and give indications for their use.
4. Name three emetics; give dose and indication for each.
5. Give dosage and indications for three remedies useful in rheumatism, malaria and dysentery respectively.
6. What is a hypnotic? Specify three in common use and give dose of each.
7. Give the physiological effects of aconite and treatment of poisoning.
8. Name two alkaloids of nux vomica. Give uses and dose of each.
9. Give some indications for the use of arsenic. In what forms may it be used? Give dose of each and symptoms resulting from its excessive use.
10. Explain the action of heat and cold as therapeutic agents and mention indications for each.

L. H.

PRACTICE.

1. Given a high blood pressure in a patient past middle life, what would you suspect? What are indications for reducing the pressure and what therapeutic means would you employ?
2. How do you recognize incipient pulmonary tuberculosis? How would you treat it?
3. What symptoms may be produced by disease of the hypophysis cerebri?
4. What is the cause of diabetic coma, how may its occurrence be anticipated, and what steps should be taken to endeavor to avert it?
5. Give symptoms and treatment of exophthalmic goiter.
6. Give differential diagnosis between an acute nephritis and an acute exacerbation in a chronic nephritis—give treatment of an acute parenchymatous nephritis.
7. Give the symptoms of ileus paralyticus.
8. Give differential diagnosis and treatment of multiple neuritis.
9. Outline your treatment for chorea in a female child between the ages of seven and ten years.
10. Outline complete prophylaxis for typhoid fever.

L. E. S.
S. S.
J. H. J. U.

DERMATOLOGY, SYPHILOLOGY AND DISEASES OF EYE, EAR, NOSE AND THROAT.

1. Describe lichen planus. How is it treated?
2. Differentiate scabies from prurigo.
3. What is psoriasis? How is it treated?
4. Initial lesion of syphilis—what does it mean?
5. How would you treat a case of secondary syphilis?
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7. Describe iritis, give causes and treatment.
8. Describe otitis media catarrhalis, and its consequences.
9. Describe laryngeal tuberculosis.
10. How do you recognize nasal polypi? Give causes and treatment.

A. R.

Book Reviews.

Surgery; Its Principles and Practice. For Students and Practitioners. By Astley Paston Cooper Ashhurst, A. B., M. D., F. A. C. S., Instructor in Surgery in the University of Pennsylvania; Associate Surgeon to the Episcopal Hospital; Assistant Surgeon to the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases. Handsome large octavo, 1141 pages, with 7 colored plates and 1032 illustrations, mostly original, in the text. Cloth, $6.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

The author is to be highly complimented upon this splendid work. It is very complete for a book of its size, and is exceedingly practical, as the author has a fortunate way of setting forth the essentials of pathology and diagnosis combined with rational treatment. As the descriptions are very clear and accompanied by such splendid illustrations, mostly original, the student should find it easy to grasp the subject matter. For the practitioner it will prove a handy, up-to-date reference.

In reading this book one is impressed with the idea that the author is a very safe man to follow. C. E. K.

The Junior Nurse. By Charlotte A. Brown, R. N., Instructor in the Boston City Hospital; Graduate of the Boston City Hospital and Boston Lying-in Hospital Training Schools for Nurses; late Superintendent of the Hartford Hospital Training School, Hartford, Conn. 12mo, 208 pages, illustrated. Cloth, 1.50, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

The author of The Junior Nurse has accomplished her aim in supplying to the student nurse a text-book useful during her training and a valuable reference book thereafter.

Miss Brown takes her mission as a teacher seriously and her earnestness of purpose is evident throughout the book. She gives careful, simple and clear instructions, both in method and practice. The title carries the promise of another book equally valuable to the Senior Nurse. M.

Electricity in Diseases of the Eye, Ear, Nose and Throat. With illustrations. By W. Franklin Coleman, M. D., M. R. C. S., Eng. Ex-President of and Professor of Ophthalmology in the Post-Graduate Medical School of Chicago. Ex-President of The Ophthalmological Society of Chicago. Professor of Ophthalmology in The Illinois School of Electro-Therapeutics, Chicago, etc. The Courier-Herald Press, 1912.

Dr. Coleman's book is the latest one written on the subject of electricity in the treatment of diseases of the eye, ear, nose and throat.

He is eminently fitted to write such a book, having spent many years in this special field, and has not only devoted a great deal of time to personal experiment, but has also tried out, in his own practice, almost every suggestion made by others.

In the book he gives not only his own ideas, but quotes every available report of well-known physicians in this field, and has gotten together the latest authoritative knowledge on the subject. C. G. F.

The Christmas Kid. (A story from Topeka, Kan.) A shabby kiddie with wistful eyes stood by a counter at the 10 cent store. Near him was a fashionably attired woman buying toy after toy for her small girl's stocking.

The shabby boy had been learning philanthropy at school. "Each of you should make some other child happy on Christmas day," the teacher had told him. He picked up a doll, and said shyly to the woman beside him: "Do you think my little sister would like this doll?"

"I'm sure she would," the woman returned, smiling.

The customer in patched trousers picked up a red hook and ladder truck. "Believe this would make a nicer present," he observed. "You buying things for a kid at home?"

The woman nodded. The boy dug his fist in his pocket, produced a worn little pocketbook, fished out a solitary dime, gave it to a clerk, and handed the gay hook and ladder to the woman.

"This is for your kid," he said, breathlessly. "I ain't got no little sister."

Before the woman could catch him he had slipped away in the crowd.

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Now it befell upon a certain Day that one of the emissaries of the Makers of Lactopeptine, who go up and down the length and breadth of the Land seeking to do missionary work among ye Doctors, entered into the sanctum sanctorum of one of these who occupied a Mighty Place in the ranks of the Ethically Elect and stood proclaimed as a champion of Exactness in Therapeutics. Such a one as swore by the Pharmacopœa and swore at any product without its sacred Pale.

Thereupon, as soon as the young emissary of the Makers of Lactopeptine sought to set forth the virtues of this product, he was violently set upon verbally and taken to task for seeking to exploit that which had been criticized by certain admirers of Scientific Therapy and scoffed at by divers venders of medicine, such as are named Apothecaries.

Now while the young man was not abashed, yet possessed he that which goeth by the name of Fact, so that he sought to oppose judiciously the criticism which poured forth from the lips of the Wise one. Yet did the latter declare that he would never prescribe Lactopeptine for any patient of his, lest he be regarded as one who gave that which he knew not how or why it acted. Many things did he set forth after this sort, whereupon did the young emissary at length prepare to depart from the presence of so loud a declaimer. But ere he closed his grip, did his astounded ears recognize the following request made by ye Wise Doctor:

"By the way, if you have any samples of those Lactopeptine Tablets, you might leave me a couple of those. You see, I am going to attend a banquet this evening and am down for a paper on "Why we should use only Pharmacopœal Preparations." I want to eat a good dinner and yet be in good form to read

(Continued on page xvi.)

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Publisher's Department continued)

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The Moral?

He who runs may read.

A Diagnosis.

One Mary Ann Jemima Bott,
Had some complaint, no one knew what;
Altho' 'twas said by knowing tongues,
She'd cerebritis on the lungs.

A doctor came to diagnose,
And hit it off so very close
That all could see right from the start
That she'd pneumonia on the heart.

Old wives, old maids, and maidens, too,
All came to see what they could do;
And they believed the pain and hummock
Show'd she'd carditis on the stomach.

The trouble grew more intricate
Until it seemed to indicate
It might involve her appendix
And put the lady in a fix.

The hours rolled on, the pains grew deep;
She doubled up all in a heap;
But notwithstanding this and that
It weighed ten pounds nine ounces flat.

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"Doctor," feebly asked the lady, "may I, on my return tonight, eat a few oysters?"

"Yes, madam," roared the doctor, "'shells and all."

Doctor: The increasing deafness of your wife is merely an indication of advancing years, and you can tell her that.

Husband: Hum! Would you mind telling her that yourself, doctor?

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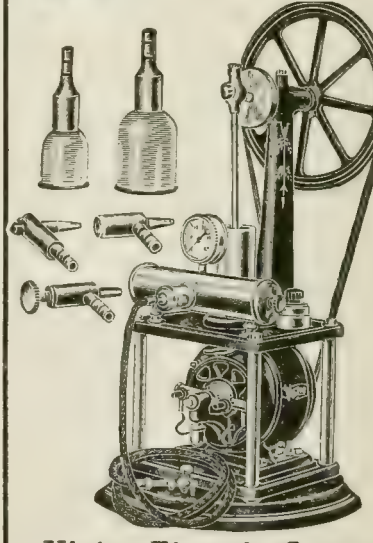

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†See amendment proposed. Jour., Oct., 1913, p. 326.

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International Homoeopathic Council. The Hague, August 6 to 9, 1914. Dr. George Burford, president; Dr. E. Petrie Hoyle, secretary., 84 Holland Park, London, West.

International Hahnemannian Association. Atlantic City, June 25-27, 1914. Dr. Franklin Powel, president; Dr. Frank Patch, secretary, Framingham, Mass.

Southern Medical Association. Baltimore, November 11-12, 1914. Dr. Harry E. Koons, president; Dr. J. Leonard Jennings, secretary, Danville, Virginia.

American Association of Clinical Research. Baltimore, November 5-7, 1914. Dr. James Krauss, secretary, 419 Boylston, Mass.

Society of Homoeopathicians. Chicago, May 22-23, 1914. Dr. Lee Norman, secretary, 204 W. 109th St, New York City.

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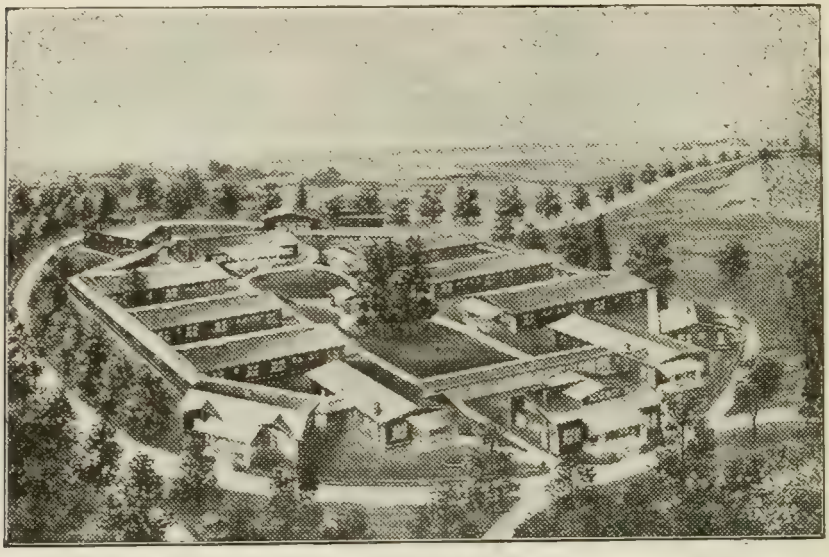

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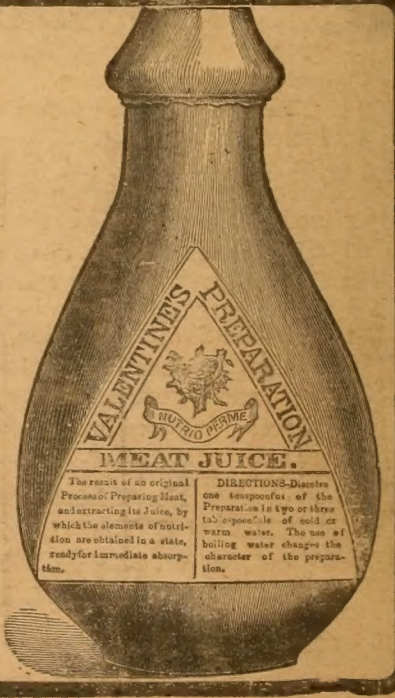
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